

ARMY FAMILY ACTION PLAN CONCERNS / ISSUES TRACKING FORM

Give Specific Location of Concern / Issue:	
Your Concern / Issue: (Be Specific)	
Recommendation For Change: (Describe End Result)	
(Office use only) Group Determination: _____ <i>(Check one)</i> Attainable: <input type="checkbox"/> Unattainable: <input type="checkbox"/> Why? Or Why not?	
(Office use only) Group Assigned: _____ Responsible Directorate: _____	
Please place Concern / Issue form into the Drop Box provided for your convenience. You may return form to: Army Family Team Building, Bldg 2719, Fort Sill, OK 73503-5000 Office hours: 0800 – 1700 Telephone Number: 442-2382 Email: shaws@sill.army.mil	
Privacy Act Statement AUTHORITY: Title 10, United States Code, Section 3012 PRINCIPAL PURPOSE: To provide information to the Army Family Team Building (AFTB) personnel in order to resolve concerns/issues presented. ROUTINE USE: To contact you if necessary to clarify your concern/issue. DISCLOSURE: Voluntary, but nondisclosure may cause us to misinterpret your concern/issue. NOTE: Only AFTB personnel have access to Privacy Act data. We will detach the below section prior to processing, after we obtain necessary clarification.	
Submitted By (Name):	Date:
Telephone Number:	Address: