



QUALITY OF LIFE PROTOCOL

~ Message from the Single Marine Program ~

“Do you have a general quality of life issue that needs to be addressed? A new idea you think would benefit yourself and others? The Single Marine Program has designed this document to address those issues and get your thoughts to the people who can make the changes. Our job is to improve your quality of life both on and off duty. If you have any suggestions, no matter how big or small they may be, concerning the improvement of this base, take the time and fill out this document. Your voice is our voice and together we will make a difference.”

Before filling out a quality of life document, you must ensure that you have followed the **proper procedures** outlined below:

Regarding the barracks

- ✓ Utilize your Barracks Manager or your unit S-4.
- ✓ Submit a help chit and make a photocopy of it for your records.
- ✓ Keep a record of **who** you spoke with, about **what**, and **when** (date/time) for your records.
- ✓ If your chit has not been addressed in three weeks, please fill out a Quality of Life document.
- ✓ **Make sure you submit a copy of all the above sheets when submitting a Quality of Life document for faster response.**

Regarding other facilities/general issues

- ✓ Do research and gather information (i.e. ask for the manager or fill out a complaint card).
- ✓ Keep a record of **who** you spoke with, about **what**, and **when** (date/time) for your records.
- ✓ **Make sure you submit a copy of all the above documents when submitting a Quality of Life document for faster response.**

After filling out a quality of life document, turn it into the SMP President.

- **Contact the SMP President for assistance with completing the submission and/or gathering information.**

QUALITY OF LIFE ISSUE SUBMISSION

To: Single Marine Program Coordinator and President

Subj: PROPOSED QUALITY OF LIFE ISSUES

Ref: (a) StaO 1710.4B

Today's Date: _____ Your Unit SMP Representative's Name: _____

Rank: _____ Last Name: _____ First Name: _____

Command/Unit: _____ Work Extension: _____

Quality of Life Topic: Date and time concern/issue happened: _____

What is your Quality of Life concern/issue? What facility/location does it involve? _____

Research Findings

What action have you taken to resolve the concern/issue? Describe in detail by action date taken: _____

Recommendations

What recommendations do you have to resolve this concern/issue? _____

BELOW FOR SMP USE ONLY

Date SMP President Received: _____ Print: _____ Signature: _____

Date SMP Coordinator Received: _____ Print: _____ Signature: _____

Date Installation SgtMaj Received: _____ Print: _____ Signature: _____

Single Marine Program Action Taken:

Date QOL concern/issue completed/closed: _____ Print: _____ Signature: _____

Date Returned to SMP President: _____ Print: _____ Signature: _____

Date Returned to Service Member: _____ Print: _____ Signature: _____

Questions? Contact the SMP Coordinator or President at (858) 307-6283 or weereskc@usmc-mccs.org