



DEPARTMENT OF WISCONSIN  
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**Send completed form to:**

Department Membership Coordinator, Andrea Stoltz – [alawi@amlegionauxwi.org](mailto:alawi@amlegionauxwi.org)

## **UNITS NEEDING ASSISTANCE REPORT**

District: \_\_\_\_\_ County: \_\_\_\_\_ Location: \_\_\_\_\_ Unit #: \_\_\_\_\_

Date of Contact: \_\_\_\_\_ Unit Contact Person & Title: \_\_\_\_\_

Method of Contact:     Email             Phone Call/Text             In Person

Problem being addressed:

Department Officers/Chairman in attendance:

District Officers/Chairman in attendance:

Action Needed:

Additional Notes:

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date