

QUALITY OF LIFE PROTOCOL



Before filling out a quality of life form, you must ensure that you have followed the proper procedures outlined below. Please give the proper channels time to address the issue before submitting the concern to SMP.

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. Get the MAXIMO ticket number, if available.
- ✓ 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 a timely manner, follow up with your SMP Officer and Senior Leadership. If the issue is still not resolved, please submit the Quality of Life form to the SMP Office.
- ✓ **Please submit a copy of all the above documents with this form**

Regarding other facilities / general issues

- ✓ Please research and gather information (i.e. speak with the facility manager, your Family Readiness Officer, or MCCS Coordinator).
- ✓ Please keep a record of **who** you spoke with, about **what**, and **when** (date/time) for your records.
- ✓ Please fill out a Quality of Life form.
- ✓ **Please make sure you submit a copy of all the above documents with this form**
- **Please contact your SMP Officer for guidance on filling out the Quality of Life form and addressing your concerns.**

Regarding Base Property (MCO P10150.1; BO P4400.5F; BO P11014.1J)

- ✓ The phone number for Base Property is 910-451-7569
- ✓ Stock & Issue lists who rates furniture; Temp loan available for tables and chairs
- ✓ The RO (Responsible Officer) for the base property account must put in the request for garrison furniture listing the justification (damage/missing); as soon as it's approved, can be picked up (Bd. 1212 or Bd. 1316 or Bd. 1301 which is only manned twice a week).
- ✓ **Cable Outages** – Customer Service numbers: 910-451-7395, 910-451-9495, 910-451-9487
- ✓ **Demoing Furniture** – The unit is responsible for demoing furniture; must first go to base property to be inspected for usability
- ✓ **Reclaims area** – has serviceable furniture, ROs receive mass email about availability, can request to be put on list, contact 910-451-7569, there are no holds and items must be picked up in a government vehicle for government use only, does not have to be the RO that picks up furniture

Frequently Used Phone Numbers

Department	Phone Number	Department	Phone Number
Vending (Snack/Drink)	910-451-2000	BOINGO	1-866-726-4646
MCFTB (Training/Volunteer)	910-451-0176	SMP HQ Office	910-451-4642
Information & Referral	910-451-1056	Wallace Creek Fitness Center	910-450-7649
Sports	910-451-3762		

Questions? Contact your Unit SMP Officer or Susan Goodrich, SMP Branch Head at 910-451-1767 susan.goodrich@usmc-mccs.org

Updated 2/22/2018 SRW

QUALITY OF LIFE PROTOCOL



To: Single Marine Program Coordinator and President
Subj: QUALITY OF LIFE CONCERN

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

This information is required in case we need to follow up.

Rank: _____ Last Name: _____ First Name: _____

Command/Unit: _____

Work / cell number: _____ Email Address: _____

Quality of Life Topic: Please be specific.

Date and time concern/issue happened: _____

Building number near/where the issue is: _____ Room Number: _____

Equipment/area of concern (i.e. basketball nets, washers, food): _____

Description of issue (net loose, not working, mold, etc.): _____

Research Findings **MAXIMO Ticket #** _____ **Date Submitted** _____

What action have you taken to resolve the concern/issue? Describe in detail by date action taken and submit copies of all documentation.

Recommendations

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

BELOW FOR SMP USE ONLY

Date SMP Officer Received : _____ Print: _____ Signature: _____

Date Unit SgtMaj Received : _____ Print: _____ Signature: _____

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

Date SMP Branch Head Received : _____ Print: _____ Signature: _____

Date Base SgtMaj Received : _____ Print: _____ Signature: _____

Single Marine Program Action Taken:

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

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

Date Returned to Marine/Sailor : _____ Print: _____ Signature: _____

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