



DISABLED AMERICAN VETERANS

DEPARTMENT OF LOUISIANA

## Chapter Administrative Review

Chapter Name and Number \_\_\_\_\_ Location \_\_\_\_\_

Reviewing Officer's Name \_\_\_\_\_

1. Meeting Day \_\_\_\_\_, Date \_\_\_\_\_, Time \_\_\_\_\_

2. Remarks/Comments

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3. Topics Discussed

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4. List of issues requiring Department Action

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5. Other Notes – Commendations/Suggestions

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6. Signature Verification

Department Review Officer \_\_\_\_\_

Chapter Commander or Chapter Adjutant \_\_\_\_\_

Department Adjutant \_\_\_\_\_ Date Received \_\_\_\_\_