



DISABLED AMERICAN VETERANS

**DEPARTMENT OF LOUISIANA**

## *Line Officer Event Report*

Line Officer's Name \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Date of Event \_\_\_\_\_ Event \_\_\_\_\_ Location \_\_\_\_\_

1. Remarks/Comments \_\_\_\_\_

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2. Other Notes – Commendations/Suggestions \_\_\_\_\_

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3. Signature Verification

Department Line Officer \_\_\_\_\_

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