



**COMBAT-RELATED  
SPECIAL COMPENSATION**

*Because You – the Veteran – Earned It*

# After Action Report

**Submit completed forms and any photos taken at the event via e-mail, USPS, or Fax to:**

CRSC Ambassador Program, Dept 420  
1600 Spearhead Division Av.  
Fort Knox, KY 40122  
Fax: 502-613-9550  
[ronald.karcz@conus.army.mil](mailto:ronald.karcz@conus.army.mil)

Ambassador Name: \_\_\_\_\_

Additional Volunteers that helped with the event: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_ Pictures Attached: (Y) (N)

Estimated Attendees: \_\_\_\_\_ Estimated Volunteer Hours per person: \_\_\_\_\_

Use the space below to let us know how the event went. Some questions to answer are: How was TSGLI received by the attendees? Was there anything you may have done differently? What went well? What method did you use to present TSGLI information (i.e. table display, claim workshop, briefing)? Would you return to this event or others like it?

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**Contacts and Future Appointments:** (For Ambassador use only: List Contacts made and appointments made through this event and keep them for your records)

1. Contact Name:

Phone number:                      Phone                      number:                      Fax number:

E-mail address:

Appointment/Event Date:

Reason:

2. Contact Name:

Phone number:                      Phone                      number:                      Fax number:

E-mail address:

Appointment/Event Date:

Reason: