



TOUCH OF AGLOW DISASTER RELIEF

AFTER ACTION REPORT

Report Submitted by _____ Date _____

Preparedness Area/Region _____

Nature and date(s) of the event you responded to:

What did you do that worked well?

What could have worked better? For each item identified, please describe

- the problem/barrier
- the outcome of that problem/barrier
- any real or potential adverse outcomes
- any recommendations for improvement.
