

Arizona Boys State After Action Report Form

Appendix A

Incident number activating this record: _____

(Circle) **Notify Director/Adjutant/** Date/Time _____

Attest Receiving Officer Name/Initial: _____

Start After Action Review Date/Time _____

Attest Name/Initial: _____

Writing the After Action Report

While developing the report, use this form to track;

- Following preparation steps before meeting as stakeholders.
- Four steps to review each incident, writing down our observations
- List out the specific action items along with who is responsible for them.

Meeting Preparation Date/Time _____

Attest Name/Initial: _____

1. Establish the intent of the report _____

2. Identify stakeholders

Critical stakeholders

_____	Collector of data or evidence for
_____	Counselor of City affected.
_____	Supervisor who activated the response.
_____	Medical
_____	Decision maker
_____	Decision Ratifying Official
_____	Moderator

Attach copy of the **Initial Incident Report (Appendix B)** and initial satisfactory detail for each item to post to this After Action Report.

Meeting logistics (Time/Place) Date/Time _____

Attest Name/Initial: _____

Arizona Boys State After Action Report Form (Continued)

Ground Rules Shared Date/Time _____

Attest Name/Initial: _____

Complete Post-Incident Recap Date/Time _____

Attest Name/Initial: _____

Complete Incident Review Date/Time _____

Attest Name/Initial: _____

Complete Incident Analysis Date/Time _____

Attest Name/Initial: _____

Number each and reference to Action Items.

Complete Improvement Areas Date/Time _____

Attest Name/Initial: _____

Number each and reference to Action Items.

TOTAL NUMBER OF ACTION ITEMS: _____

Action	Analysis/Improve	Responsible Party	Date
_____	_____	_____	_____

Attach additional page(s) as needed using these above fields for each Action Item. Reminder to match Action to Analysis/Improvement items. The Date can be either a follow up or Action completed entry.

Completed Full Report Follow Up Date/Time _____

Attest Name/Initial: _____

Filed to Arizona Boys State Archives Date/Time _____

Attest Name/Initial: _____

(Circle) Verified Director/Adjutant Date/Time _____

Attest Receiving Officer Name/Initial: _____

Initial Incident Report (Appendix B)

Date _____ Incident # _____ (issued by HQ; notate attachments to match)
(06121964001) (date followed by sequential number)

Reported by _____ Coded Name (i.e., *****)

Staffer Reporting statement; Name/Statement Summary _____

(detail provided to supervisor when interviewed)

Report to Next Level; (date/time) _____

Documentation collection Start; (date/time) _____

Advised Complainer (date/time) _____ that the reported behavior is being taken seriously.

Confirmed that the parties involved have been separated; (date/time) _____

Advised applicable Staff Name _____ to increase supervision of individuals/city.; (date/time) _____

Response Initial by attesting Documenting Supervisor (Print & Script)

- _____ Meet with the staff who reported the activity to Start Documentation.
 - Attach notes as obtained, and log as numbered addendums to this Checklist, Note here: _____
- _____ Review the steps taken by the staff on duty.
- _____ Review the Document Reporting to confirm thorough and accurate
- _____ DID or _____ DID NOT, Meet with parents/guardians of the students involved.
- _____ Determine what actions taken to make sure there is no recurrence, including assessing the suitability of Boys State for the parties.
- _____ If assault is an aspect of the incident notify the proper authorities.
- _____ If egregious case, indicate here by Executive Officer attest, a recommendation to Director to expel the student perpetrating any abusing conduct.
- _____, Executive Officer recommends expulsion.
(Print Name _____)
Director approves/declines expulsion _____
(Print Name _____)

During any above point in gathering information about a report of suspicious or inappropriate behavior, a concern arises about possible abuse, contact the proper authorities, and file a report.

As appropriate, notify parents and/or guardians.