DEPARTMENT OF LOUISIANA

Line Officer Event Report
(For all events attended on behalf of the Department other than Chapter visits)

Line Officer’s Name ___________________________ Date Submitted: ________________

Date of Event __________ Event ___________________________ Location __________

1. Remarks/Comments ________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

2. Other Notes – Commendations/Suggestions ____________________________________

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__________________________________________________________________________

__________________________________________________________________________

3. Signature Verification

Department Line Officer ___________________________

Department Adjutant _____________________________ Date Received __________

Form LOEventRpt-6/5/13