

REGION OMBUDSMAN ADVISORY BOARD (ROAB)
<ENTER REGION HERE>
ACTION ITEMS

Date:

ACTION ITEM: Describe/explain action item

- 1. PURPOSE:** To provide feedback from local Ombudsman Assemblies on policy, implementation or other programmatic issue to the CNIC Ombudsman Program Manager.
- 2. ISSUE RECOMMENDATION:** Recommended changes and observations requiring higher level review or action by the CNIC Ombudsman Program Manager and/or OPAG as applicable.
- 3. FACTS:** Facts should cover issues that will affect the Ombudsman Program Navy-wide.
- 4. ROAB POSITION:** (What is the ROAB's position on action item?)

Name/Phone number: (submitted by :)

CNIC Response:

Respectfully submitted,

Name
CNIC Ombudsman Program Manager
Phone Number