



Gila River Indian Community Incident Management Team

After Action Debriefing Report/Survey

Event/Incident Name:	Operational Period Date/Times	Reporting Unit and/or Assignment:
MANAGEMENT COORDINATION		
COMMUNICATIONS		
PLANNING ACTIVITIES		
BRIEFING ACTIVITIES		
OPERATIONS ACTIVITIES		
SUPPLY/LOGISTICS		
SAFETY/MEDICAL ISSUES		
INTERPERSONAL SKILLS/PERSONAL PERFORMANCE		
Completed by:	Date:	