

IAM DATA COLLECTION FORM



PLEASE COMPLETE THE FORM BELOW:

Village: _____ Listening Way Leader (LWL) #: _____

Who is reporting (LWL) Other reporting Name and Title _____

What type of issue would you categorize this as (please select from the list below)

TYPES OF CONCERNS (check all that apply) :

- Health (including physical, mental, and emotional): disease, injury, bipolar, PTSD, suicide, alcohol and drug abuse, etc.)
- Infrastructure: roads, bridges, utilities (water, fuel, communications, etc.) schools, hospitals.
- Quality of Life: (public safety; services and activities for youth, adults, and elders; cultural and recreational activities, adequate jobs, safe workplaces, worship, and shopping facilities, expanded reasons and facilities for community gatherings)
- Spiritual (access to churches, pastor, clergy and village elders)
- Communication/interaction (effort to have local gatherings and events that bring the community together)

WHO IS AFFECTED? (check all that applies)

- Personal Family Community Youth Adults Seniors Other (Briefly explain)

Briefly describe the issue, concern or opportunity below:

Briefly describe the suggestion for how to help or resolve the issue

Who should be involved in solution? _____

Who should be informed? _____

Include contact information, if known _____

Please provide additional information you may deem helpful

How To Submit The Form

- via email to ci@iam.gives
- complete the form on the link: <https://forms.gle/Fjtg4w6ZQoYHiiTJ7>
- take a picture of the completed photo and text to 907-350-3969

