

**Golden Corral After-Action Report**

**Year:**

**Chapter: \_\_\_\_\_ Golden Corral Store Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Store #:\_\_\_\_\_**

 ***Did you work this store with more than one Chapter?***

 ***If so list other Chapter(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Any Problems / Issues with Golden Corral:**

**Any Problems / Issues with Materials, Scheduling, Coordination with Other Chapters*:***

**Training Issues or Suggestions: *[what can we do to make the training more relevant]***

**Other Information for the Department *[what works, what doesn’t, what would you change or improve]***

**Chapter Point of Contact:**

**Contact telephone number(s):**

**Contact e-mail address:**