



Legislative Debriefing form

Date _____

Time of Appointment _____ am/pm (circle one)

State _____

Location of meeting _____

State President _____

Email _____ Phone (____) _____

State Legislative Chair _____

Email _____ Phone (____) _____

Who did you meet with _____ (title) _____

Representing Congressional office _____ (House) District # _____

Topics of Discussion _____

Response by member/staff (brief synopsis) _____

How were our issues received (brief synopsis) _____

Was the Congressmen or staffer supportive? (explain briefly) _____

What further points supporting us, or what objections to our position were raised. _____

[Use reverse for additional comments](#)