

Unit:



Wingman "Intervention" Submission Form Return completed form to your local Violence Prevention Integrator (VPI contact listed on website)

Name	Rank/Grade F	Phone	E-mail
Intervention Submitted by:			
Signature:	Date:		
Wingman release: (Must be signed by the individual who intervened) I agree to the release of my personal information and contents of the intervention story to leadership, public affairs, and the violence prevention integrator. I understand my intervention story may be used by Public Affairs and publicized on the wingman intervention webpage.			
Resources utilized: (I.e. helping agencies on/off base, other people, equipment, etc.)			
Outcome: (Describe the result of the Wingman's inter-	/ention)		
Action taken to deter potential at-risk behavior: (De	escribe the Wingma	an's action to	intervene)
POTENTIAL at-risk behavior identified: (e.g., Safety health intervention)	, suicide, sexual as	ssault, substa	nce abuse,
Personnel category of potential at-risk individual: (Relationship of Wingman to perceived at-risk individual) family member, random bystander)			
Contact info: (DSN or commercial phone and email) Date of intervention: (month/year) Duty status at the time of intervention: (On or off duty)	ty)		
Name/Grade of individual who intervened (Wingma	n): (Jane Doe/GS-	09)	

NOTE: To ensure anonymity, please don't provide any PII information of the potential "at risk" individual(s) who were helped.