



# WAKE FOREST UNIVERSITY

[NAME OF INCIDENT/EVENT]

[DATE]

## AFTER ACTION REPORT/IMPROVEMENT PLAN

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## INCIDENT/EVENT OVERVIEW

<b>Incident/Event Name</b>	[Insert the incident/event name].
<b>Incident/Event Dates</b>	[Indicate the start and end dates of the incident/event.]
<b>Scope</b>	
<b>Threat or Hazard</b>	[List the threat or hazard (e.g. natural/hurricane, technological/radiological release)].
<b>Scenario</b>	[Insert a brief overview of the incident/event scenario, including scenario impacts (2-3 sentences)].
<b>Participating Organizations</b>	[Insert a summary of the total number of participants and participation level (local, state, federal, etc.). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.]
<b>Point of Contact</b>	[Insert the name, title, agency, address, phone number, and email address of the primary incident/event POC.]

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## INTRODUCTION

[Add brief synopsis of incident/event and the sequence of events]

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## STRENGTHS

[Add the strengths and areas for improvement are outlined in this section]

**Strength 1:** [Observation statement].

**Strength 2:** [Observation statement].

**Strength 3:** [Observation statement].

## AREAS OF IMPROVEMENT

**Area for Improvement 1:** [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

**Reference:** [List any relevant plans, policies, procedures, regulations, or laws.]

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

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## Appendix A: Improvement Matrix

This IP is developed specifically for [Organization or Jurisdiction] as a result of [Incident/Event name] on [date].

#	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
1						
2						
3						
4						
5						
6						
7						
8						

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## Appendix B: After Action Participants Departments/Orgs

[List participating departments/orgs]