MARINE CORPS GROUND ANONYMOUS SAFETY REPORTING PROGRAM (ANYMOUSE)

Please fill out this form as completely as possible and return to your unit Safety Office.

Marine Information

Crew Position (Mech, Rifleman etc) _____ Primary Qualification _____
Total Years in Service _____ Years MOS experience _____ Secondary Qualification _____

Environmental Information

Date/Time _____ Location _____ Visibility _____
Type Equip _____ Tool used _____ Mission _____
Light Conditions _____ Phase of Event _____ Significant WX _____
Additional information _____

Please describe the event/situation in as much detail as possible. Use additional paper if necessary. _____