**Please submit a separate form for each change request. Add additional documentation to support the change request if needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Contact Info:** | **Agency:** | **Date** |
|  | **Phone:** **Email:** |  |  |

|  |
| --- |
| **Affected Area of the Application:** |
| Functional Area: |
| Enterprise/Site/Both |
|  |

|  |
| --- |
| **PROPOSED FUNCTIONALITY/PROCESS** |
| <In this area, describe the change you would like to make to the function or process.> |

|  |
| --- |
| **BENEFIT OF THIS CHANGE** |
| <In this area, describe how this change would benefit the interagency incident management community.> |

**Submit completed form to:**

**i-suite-suggestion@dms.nwcg.gov**

|  |  |
| --- | --- |
| **FOR CCB USE ONLY** | **Reference #** |
| **Decision:** | **SIA Required? Yes / No**  | **Priority:** |