PFLAG’s Elected Official Visit Report Form

Basic Information

Name and Title of Elected Official: _____________________________________________

State/District: ________________________________________________________________

Date Visited: ______________________ Time Visit Start/End: _______________________

Information on Elected Official/Staff

Did you meet with the Legislator, staff or both? __________________________________

What staff members were present? _____________________________________________

Name/Title: _________________________________________________________________

Name/Title: _________________________________________________________________

Information on Your Team: Who Came on the Visit?

Name/E-mail:_______________________________________________________________

Name/E-mail: ______________________________________________________________

Was the official supportive of including sexual orientation and gender identity in legislation? __________________________________________________________________________

Did the legislator express any reservations about adding sexual orientation and gender identity to legislation? If so, what were they? __________________________

What questions did they ask? _________________________________________________

__________________________________________________________________________

Looking Ahead

What would you suggest as next steps with this office? Other comments? Please use an additional sheet if needed. _______________________ ___________________________