



**FOR OFFICE USE ONLY:**

Diagnostician	
Date	
Identification	
Control	
Comments	
Date Replied	
Person Contacted	<hr/> <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Sent to Logan
Name of person who contacted them	

**Statistical Reporting** (Optional\*)**Gender:** Male    Female Pacific Islander    Other:**Ethnicity:** Caucasian    Hispanic    American Indian    African American

\*As part of the United States Department of Agriculture, USU Extension must demonstrate that it does not discriminate in the dissemination of its programs.