

**BEHAVIORAL INTERVENTION SYSTEM COUNSELING RECORD**

CHICAGO POLICE DEPARTMENT

DATE

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| <b>TO:</b> UNIT COMMANDER OF EXEMPT RANK                 |      | <b>FROM:</b>   |              |          |
| <b>SUBJECT:</b> REPORT OF COUNSELING SESSION ON DATE     |      | <b>REFERENCE:</b> DEPARTMENT GENERAL ORDER BEHAVIORAL INTERVENTION |              |          |
| COUNSELED MEMBER'S NAME (PRINT LAST - FIRST - M.I.)      | RANK | STAR NO.   | EMPLOYEE NO. | UNIT NO. |
| COUNSELING SUPERVISOR'S NAME (PRINT LAST - FIRST - M.I.) | RANK | STAR NO.   | EMPLOYEE NO. | UNIT NO. |

The purpose of this interview is to discuss with the above-named member performance and/or behavior concerns which may be affecting the member's ability to perform or affecting the operations of the unit or Department. This counseling session serves to identify and explain the specific concerns regarding the member's performance/behavior and allows for discussion on ways the member can alter these concerns. This counseling session is not a disciplinary action. Supervisors should support a member's effort to change and assist the member in understanding how the behavior/performance issues impact the individual member, unit or Department operations.

**NOTE:** When counseling a member regarding medical roll usage, the supervisor should not refer to the member's use as "medical abuse." Excessive medical roll usage is a problem performance indicator. If medical abuse is uncovered, appropriate disciplinary action must be sought.

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 BRIEF SYNOPSIS OF PERFORMANCE/BEHAVIOR CONCERN

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 BRIEF SYNOPSIS OF IMPACT OF BEHAVIOR ON MEMBER/UNIT/DEPARTMENT

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 MEMBER'S COMMENTS

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 I have read the above and acknowledge that on the above date the counseling supervisor informed me of the behavior that has been identified as unacceptable. I understand the Department has counseling resources available for use.

SIGNATURE OF COUNSELED MEMBER \_\_\_\_\_

SIGNATURE OF COUNSELING SUPERVISOR \_\_\_\_\_

|                                       |           |      |          |      |
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| REVIEWED BY - (PRINT LAST-FIRST-M.I.) | SIGNATURE | RANK | UNIT NO. | DATE |
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