

COUNSELING SESSION REPORT

CHICAGO POLICE DEPARTMENT

DATE

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.

Early counseling addressing performance issues is the responsibility of supervisors. This counseling session serves to identify concerns or poor, performance. This counseling session is not a disciplinary action. Supervisors should support a member's effort to correct the identified issue. This session advises the above-named member that continued action of this kind is unacceptable and may result in either more formalized counseling or intervention.

STATEMENT OF PERFORMANCE CONCERN

MEMBER'S COMMENTS

I acknowledge that on the above date the counseling supervisor informed me of the issue or performance that has caused concern.

SIGNATURE OF COUNSELED MEMBER

SIGNATURE OF COUNSELING SUPERVISOR