

# REQUEST FOR CRISIS INTERVENTION TEAM (CIT) TRAINING

## CHICAGO POLICE DEPARTMENT

Completed requests are to be forwarded to CIT Coordinator, Unit 143, or emailed to CIT@chicagopolice.org.

Name (Last, First, MI.)			PC No.	Star No.	Employee No.
Rank	Date of Appointment	Date of Promotion (If Applicable)	Unit of Assignment/Detail	Day Off Group	Furlough Segments/Year /
Current Watch <input type="checkbox"/> 1st Watch <input type="checkbox"/> 2nd Watch <input type="checkbox"/> 3rd Watch <input type="checkbox"/> Tactical/Gangs <input type="checkbox"/> Other- (Specify) _____			Current Assignment <input type="checkbox"/> DCO/Community Policing <input type="checkbox"/> Supervisor <input type="checkbox"/> Beat Car <input type="checkbox"/> SRO <input type="checkbox"/> Tactical/Gangs <input type="checkbox"/> Other- (Specify) _____		
Contact Information:	Phone Number		Department Email Address:		
Which training program(s) are you applying for? <input type="checkbox"/> Refresher <input type="checkbox"/> CIT Basic <input type="checkbox"/> CIT Veterans Advanced <input type="checkbox"/> CIT Youth Advanced			Preferred Dates of Attendance		

Why do you want to attend Crisis Intervention Team (CIT) Training?

Please provide any additional information that you would like the reviewer to know?

Requester's Signature	Date Submitted
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