

NEIGHBORHOOD POLICING PROGRAM – DAILY ACTIVITY REPORT

CHICAGO POLICE DEPARTMENT

DCO NAME				DCO NAME				
DATE								
DISTRICT			BEAT			DCA		
VEHICLE NUMBER			IN CAR CAMERA	<input type="checkbox"/> Yes <input type="checkbox"/> Functioning <input type="checkbox"/> Inoperable	<input type="checkbox"/> No	IN CAR MIC	<input type="checkbox"/> Yes <input type="checkbox"/> Functioning <input type="checkbox"/> Inoperable	<input type="checkbox"/> No

ACTIVITY TYPE	LOCATION	TIME ARRIVED	TIME COMPLETED	DISPOSITION OR RD NUMBER

SCHOOLS, PARKS, COMMUNITY OUTREACH, BUSINESSES VISITED	TIME ARRIVED	TIME COMPLETED	CONTACT PERSON

FOLLOW UP INVESTIGATIONS CONDUCTED				
ACTIVITY TYPE	LOCATION	TIME ARRIVED	TIME COMPLETED	DISPOSITION OR RD NUMBER

REQUIRED SIGNATURES	STAR	DATE
DCO		
DCO		
DCO SERGEANT		
DCO LIEUTENANT		
DISTRICT COMMANDER		