NONDISCIPLINARY INTERVENTION REPORT
CHICAGO POLICE DEPARTMENT

N.I. TRACKING NUMBER

The Nondisciplinary Intervention Program is designed to provide a more effective means of addressing citizen's concerns of unprofessional conduct. This program is **nondisciplinary** in nature and makes use of enhanced member awareness of the Department's policy concerning interactions with the community, police counseling, skills development and training, and other nondisciplinary intervention actions.

COPA SECTION

TO: COMMANDING OFFICER

UNIT No.

MANNER RECEIVED
☐ BELL ☐ PAX ☐ LETTER ☐ IN PERSON

NAME OF INDIVIDUAL NOTIFYING COPA

INVOLVED MEMBER	RANK	STAR No.	EMPLOYEE No.	UNIT No.	DUTY STATUS ☐ ON ☐ OFF

CITIZEN'S NAME	ADDRESS (STREET, APT. No., CITY, STATE)	ZIP CODE

HOME PHONE No.	CONTACT AT	TIME	PHONE No.

LOCATION OF INCIDENT	DAY OF WEEK	DATE	TIME

BRIEF SUMMARY

OTHER WITNESSES:

COPA MEMBER RECEIVING INFORMATION	EMPLOYEE No.	DATE	TIME

HUMAN RESOURCES SECTION

DOES THE CONDUCT MEET THE PARAMETERS OF THE PROGRAM?
☐ YES ☐ NO (If no, give reason and forward to the Director of the Human Resources Division for approval to return to COPA for reclassification.)

APPROVAL: DIRECTOR, HUMAN RESOURCES DIVISION | DATE

REQUIRED INTERVENTION ACTION TO BE COMPLETED BY UNIT SUPERVISOR
☐ Intervention Session ☐ Unit Commander will schedule training for affected member
☐ View Training Video ☐ Behavioral Intervention ☐ Mandatory Physical/Psychological Evaluation (E01-09)

NO. OF INCIDENTS (Circle One)
1 2 3 4 5

HUMAN RESOURCES DIVISION SUPERVISOR | DATE

UNIT SUPERVISOR SECTION

ACTIONS TAKEN (CHECK ALL THAT APPLY)
☐ **Intervention Session - Supervisor:** _____ ☐ Viewed Training Video - No. & Title: _____
☐ Unit Commander scheduled training with the Education & Training Division ☐ **Provided copy of Special Order entitled "Nondisciplinary Intervention Program"**

MEMBERS PRESENT/PARTICIPATING IN UNIT INTERVENTION | **DATE & TIME OF INTERVENTION**

INTERVENTION SUMMARY (Supervisors should refer to Special Order S08-01-08 entitled "Nondisciplinary Intervention Program")

MEMBER'S RESPONSE ATTACHED
☐ **YES** ☐ **NO**

INDICATE SUMMARY OF DISCUSSION AND ADDITIONAL COMMENTS ON REVERSE SIDE.

SIGNATURE SECTION

INVOLVED MEMBER'S SIGNATURE:	SUPERVISOR'S SIGNATURE:	DATE
UNIT COMMANDER/COMMANDING OFFICER APPROVAL SIGNATURE:	**DATE**	**Upon approval of the Unit Commanding Officer, forward the completed report to the Director, Human Resources Division.**
DIRECTOR, HUMAN RESOURCES DIVISION APPROVAL SIGNATURE:	**DATE**	