

**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.

TO: COMMANDING OFFICER

UNIT No.

MANNER RECEIVED

NAME OF INDIVIDUAL NOTIFYING IPRA

BELL PAX LETTER IN PERSON

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:

IPRA MEMBER RECEIVING INFORMATION

EMPLOYEE No.

DATE

TIME

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 IPRA 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

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.

INVOLVED MEMBER'S SIGNATURE:

SUPERVISOR'S SIGNATURE:

DATE

UNIT COMMANDER/COMMANDING OFFICER
APPROVAL SIGNATURE:

DATE

DIRECTOR, HUMAN RESOURCES DIVISION
APPROVAL SIGNATURE:

DATE

Upon approval of the Unit Commanding Officer, forward the completed report to the Director, Human Resources Division.

IPRA SECTION

HUMAN RESOURCES SECTION

UNIT SUPERVISOR SECTION

SIGNATURE SECTION

