

**TRAINING DEFICIENCY NOTIFICATION****TRAINING AND SUPPORT GROUP/CHICAGO POLICE DEPARTMENT**

DATE

INFORMATION: The term Program, when used on this form, may mean training program, qualification program/session, seminar, etc.

<b>TO:</b> <input type="checkbox"/> <b>COMMANDING OFFICER</b> UNIT NO. _____		<b>SUBJECT:</b> <input type="checkbox"/> Failure to successfully complete required prescribed weapon qualification , member will not be assigned to field duties <input type="checkbox"/> Failure to attend scheduled intensified prescribed weapon qualification training <input type="checkbox"/> Failure to qualify after prescribed weapon training <input type="checkbox"/> Failure to attend scheduled in-service training program <input type="checkbox"/> Failure to complete scheduled in-service training program <input type="checkbox"/> Failure to meet in-service training standards <input type="checkbox"/> Uniform/citizen's dress or personal equipment/personal appearance infraction and/or tardiness <input type="checkbox"/> Other
<input type="checkbox"/> <b>SUPERINTENDENT OF POLICE</b> ATT.: ADMINISTRATOR IN CHARGE, CIVILIAN OFFICE OF POLICE ACCOUNTABILITY		
<b>FROM: DEPUTY CHIEF</b> <b>TRAINING AND SUPPORT GROUP</b>		
TRAINING PROGRAM TITLE		REFERENCE: DIRECTIVE -ADDENDUM
		DATE OF TRAINING PROGRAM

☐ On the above program date, the following qualification/training openings were not filled by members of your command:  
1st watch \_\_\_\_\_, 2nd watch \_\_\_\_\_, 3rd watch \_\_\_\_\_. Please ensure that member(s) who did not attend are rescheduled.

☐ On the above program date, \_\_\_\_\_ failed to successfully meet prescribed weapon qualification requirements. Scores were: 1st attempt \_\_\_\_\_, 2nd attempt \_\_\_\_\_. Member will be removed from field duty assignment and is scheduled to attend mandatory intensified training on (Date) \_\_\_\_\_ at \_\_\_\_\_ hours at \_\_\_\_\_ range.

☐ On the above program date, \_\_\_\_\_ did not attend intensified prescribed weapon training. An investigation is required by the unit commanding officer, per Department directive. The unit commanding officer will contact the Training and Support Group for a rescheduled date.

☐ On the above program date, \_\_\_\_\_ failed to qualify after intensified prescribed weapon training. Scores were: 1st attempt \_\_\_\_\_, 2nd attempt \_\_\_\_\_, and 3rd attempt \_\_\_\_\_. Complaint Register Number \_\_\_\_\_ was obtained by \_\_\_\_\_ Chief, Bureau of Internal Affairs, notified by \_\_\_\_\_ at \_\_\_\_\_ hours. C.P.I.C. notified by \_\_\_\_\_ at \_\_\_\_\_ hours. Attached are copies of all pertinent records.

☐ On the above program date, \_\_\_\_\_ failed to attend the above listed training program.

☐ On the above program date, \_\_\_\_\_ completed scheduled training program, but failed to meet standards (see Remarks).

☐ On the above program date, \_\_\_\_\_ was tardy or a uniform/citizen's dress or personal equipment/personal appearance infraction was noted (see Remarks).

☐ Other (Describe)

REMARKS

PREPARED BY		DEPUTY CHIEF, TRAINING AND SUPPORT GROUP - SIGNATURE	
<b>DISTRIBUTION:</b>			
<input type="checkbox"/> MEMBER	<input type="checkbox"/> FIRST DEPUTY SUPERINTENDENT		
<input type="checkbox"/> EXECUTIVE DIRECTOR , O.C.P.R.	<input type="checkbox"/> CHIEF, BUREAU OF _____		
<input type="checkbox"/> MEMBER'S COMMANDING OFFICER	<input type="checkbox"/> CHIEF, B.I.A.		
	<input type="checkbox"/> TRAINING AND SUPPORT GROUP FILE		