

TRAINING DEFICIENCY NOTIFICATION

EDUCATION AND TRAINING DIVISION/CHICAGO POLICE DEPARTMENT

DATE _____

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

TO: <input type="checkbox"/> COMMANDING OFFICER _____ UNIT NO. _____ <input type="checkbox"/> SUPERINTENDENT OF POLICE ATT.: ADMINISTRATOR IN CHARGE, CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	SUBJECT: <input type="checkbox"/> Failure to successfully complete required prescribed weapon qualification <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
FROM: DEPUTY CHIEF EDUCATION AND TRAINING DIVISION	
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 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 Education and Training Division 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, EDUCATION AND TRAINING DIVISION - SIGNATURE _____
-------------------	---

DISTRIBUTION:

<input type="checkbox"/> MEMBER	<input type="checkbox"/> FIRST DEPUTY SUPERINTENDENT
<input type="checkbox"/> CHIEF, B.O.O.D.	<input type="checkbox"/> CHIEF, BUREAU OF _____
<input type="checkbox"/> MEMBER'S COMMANDING OFFICER	<input type="checkbox"/> CHIEF, B.I.A.
	<input type="checkbox"/> EDUCATION AND TRAINING DIVISION FILE