

CLEVELAND DIVISION OF POLICE

CLEVELAND, OHIO
DIVISIONAL INFORMATION

DIST./BUR. _____ ZONE/UNIT _____ 20 _____

EXAMINED BY _____ RANK _____ 20 _____

FROM _____ TO _____

SUBJECT Verbal Counseling

COPIES TO Chief's Office, District/Unit Files

Sir/Ma'am:

I have provided the following Verbal Counseling to: _____

Date of Incident: _____ **Date of Counseling:** _____

Location: _____
Name / Badge #

Description of Verbal Counseling:

Supervisor: _____
Signature Badge # Date

Member Comments:

Member: _____
Signature Badge # Date

Original: District/Unit

