



COACHING DOCUMENTATION

Name of Complainant		Complaint Date		Coaching #
Home Address		City	Zip	Phone Numbers
Date of Incident	Time	Location		Case Number
Name of Employee Involved		Employee Number		Assigned Shift

NATURE OF COMPLAINT

Complainant Description of Employee's Actions:

MPD Policy and Procedure Manual Number(s):

DETAILS OF INVESTIGATION

Supervisor that Conducted Investigation: _____

Spoke with complainant for full details Date: _____

Spoke with witnesses (civilian/officers) Date: _____

Reviewed CAPRS Reviewed squad MVR Reviewed PVR

Reviewed other evidence (describe): _____

DETAILS OF COACHING SESSION

Supervisor that met with Employee: _____

Meeting Date: _____ Time: _____ Location: _____

EMPLOYEE'S RESPONSE:

SUPERVISOR RECOMMENDATION:

ACTION TAKEN

Policy & Procedure #1: _____ **Policy & Procedure #2:** _____

Did policy violation occur*	Yes	No	Did policy violation occur*	Yes	No
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Was officer coached**	Yes	No	Was officer coached**	Yes	No
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Other (describe): _____ Other (describe): _____

Policy & Procedure #3: _____ **Policy & Procedure #4:** _____

Did policy violation occur*	Yes	No	Did policy violation occur*	Yes	No
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Was officer coached**	Yes	No	Was officer coached**	Yes	No
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Other (describe): _____ Other (describe): _____

*A determination of whether an MPD policy violation occurred must be made for each allegation.

** Supervisor may want to discuss options for handling similar situations in the future to prevent complaints.

~~Complainant notified of outcome by:~~ _____ Date: _____

Complainant contacted via: Telephone E-mail In person Other: _____

Reviewed and approved by: _____ Date: _____
(Shift/Unit Lieutenant)

Received and approved by: _____ Date: _____
(Precinct or Division Commander)

ADDITIONAL INFORMATION

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