

Date

CLEVELAND DIVISION OF POLICE



EARLY INTERVENTION PROGRAM

Notification and Tracking Form

CONFIDENTIAL

Tracking Number

Member's Name			Badge Number		
		INDICA'	TOR(S):		
Date Incident			Description		X
	I				<u> </u>
	('X'	Indicates rep	orts are attached)		
			Signatures	Date	
Commander notified by:		EIP Memb	ber's signature		
Member does not want to participate:		Member's	signatura		
Member does not want to participate.		Wiember s	signature		
Member voluntarily withdrew		Member's	signature		
from plan of action:					
Intervention merited,		Supervisor	r's signature		
reports are attached:					
Intervention NOT merited (synopsis attached):		Supervisor	r's signature		

MM/TAH/JCO/mg Policy & Procedures Unit