Cleveland Division of Police
Quarterly Captain Level
WCS Review

District/Bureau:				Quarter Ending:		
Platoon/Unit:						
Officer's First Initial, Last Name, Badge	Incident Number and Date of Recording	Duration of Video Viewed	Compliant or Non-Compliant	Corrective Action Taken	Investigating Supervisor	Date of Inspection

The above items were inspected under my supervision and officers are compliant with GPOs. All items found to be non-compliant were corrected and properly addressed.

Respectfully,