

Exhibit 7



COACHING DOCUMENTATION

Name of Complainant		Complaint Date	Coaching Number
Home Address		City	Zip
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: Enter Supervisor Name

Spoke with complainant for full details **Date:** Click to enter date

Spoke with witnesses (civilian/officers) **Date:** Click to enter date

Reviewed CAPRS/PIMS Reviewed Squad MVR Reviewed BWC

Reviewed other evidence (describe): Enter description

DETAILS OF COACHING SESSION

Supervisor that met with employee: Enter Supervisor Name

Meeting Date: Click to enter date Time: Enter Time Location: Enter Location

EMPLOYEE'S RESPONSE:

Enter response

SUPERVISOR'S RECOMMENDATION:

Enter recommendation

ACTION TAKEN

<p>Policy and Procedure #1: _____</p> <p>Did policy violation occur?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was officer coached?** <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other (describe): <u>Enter description</u></p>	<p>Policy and Procedure #2: _____</p> <p>Did policy violation occur?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was officer coached?** <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other (describe): <u>Enter description</u></p>
<p>Policy and Procedure #3: _____</p> <p>Did policy violation occur?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was officer coached?** <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other (describe): <u>Enter description</u></p>	<p>Policy and Procedure #4: _____</p> <p>Did policy violation occur?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was officer coached?** <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other (describe): <u>Enter description</u></p>

*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 contacted via: Telephone Email Other: Enter text

Reviewed and Approved by: Enter Shift/Unit Lieutenant Name **Date:** Click to enter date.
(Shift/Unit Lieutenant)

Received and Approved by: Enter Precinct/Division Commander Name **Date:** Click to enter date.
(Precinct or Division Commander)

ADDITIONAL INFORMATION

Enter additional information