

BALTIMORE CITY SCHOOLS
Baltimore School Police Force

GENERAL ORDER 10-10
SECTION C
ANNEX A

COUNSELING FORM

MEMBER'S NAME _____ DATE _____

SEQUENCE NUMBER _____ ASSIGNMENT _____

SUPERVISOR'S NAME _____

SEQUENCE NUMBER _____ ASSIGNMENT _____

INCIDENT: _____
DATE & TIME _____ LOCATION _____

INCIDENT DESCRIPTION (brief and concise):

MEMBER'S COMMENTS:

MEMBER'S SIGNATURE & DATE

SUPERVISOR'S SIGNATURE & DATE