

**7<sup>th</sup> Cavalry Regiment**  
**NEGATIVE COUNSELING STATEMENT**

**INSTRUCTIONS FOR SECTIONS I-III:** Sections I and II are to be completed by the trooper's immediate supervisor or other officer above within the troopers chain of command (Section Leader or above). The Supervisor will submit the NCS to the Company Commander & Battalion Staff for review/approval.

**I. PERSONAL DATA** *(Completed by immediate supervisor or above)*

|                    |         |                     |                               |
|--------------------|---------|---------------------|-------------------------------|
| 1. NAME OF TROOPER | 2. RANK | 3. MOS              | 4. POSITION                   |
| 5. UNIT            |         | 6. CURRENT SERVICE  |                               |
|                    |         | 6a. ENLISTMENT DATE | 6b. TIME IN SERVICE (YR./MO.) |

**II. VERBAL COUNSELING SUMMARY** *(Completed by immediate supervisor or above)*

|                       |          |                   |                        |
|-----------------------|----------|-------------------|------------------------|
| 7a. NAME OF COUNSELOR | 7b. RANK | 7c. UNIT/POSITION | 7d. DATE OF COUNSELING |
|-----------------------|----------|-------------------|------------------------|

8. SUMMARY OF INFRACTION(S)

9. TAKEN/RECOMMENDED ACTION AGAINST TROOPER

**INSTRUCTIONS FOR SECTIONS III:** Sections III is to be completed by the next command level above the trooper's supervisor. The Unit Commander will ensure that the trooper has been spoken to by his supervisor (not via PM or email, but verbally) and his aware of why he was counseled and of the consequences of further violations. The Unit Commander will also approve or recommend further action against the trooper. The Unit Commander will submit the completed form to the Admin. Dept. email for further processing.

**III. UNIT COMMANDER APPROVAL**

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Approve recommendation action.<br><input type="checkbox"/> I recommend no further action<br><input type="checkbox"/> I recommend the following action | 10. RECOMMENDED ACTION (if different from above) |  |  |
|--|--|--|--|

|                        |           |                    |           |
|------------------------|-----------|--------------------|-----------|
| 11a. NAME OF COMMANDER | 11b. RANK | 11c. UNIT/POSITION | 11d. DATE |
|------------------------|-----------|--------------------|-----------|

**INSTRUCTIONS FOR SECTIONS IV:** Sections IV is to be completed by the S1 OIC, or designee. The S1 department will be responsible for ensuring that all applicable records and systems are updated and that a copy (link) to this form is included in the trooper's MILPAC.

**IV. PERSONNEL RECORD PROCESSING**

Update record in Military Police Booking Area.  
 Update MILPAC as necessary.  
 Update Forum as necessary.  
 Update Ventrilo as necessary.

|                           |           |                    |           |
|---------------------------|-----------|--------------------|-----------|
| 12a. NAME OF S1 PERSONNEL | 12b. RANK | 12c. UNIT/POSITION | 12d. DATE |
|---------------------------|-----------|--------------------|-----------|