

Meaningful Reviews and Use of Force Investigations for Supervisors



\$225 per person

One of the most critical tasks assigned to a supervisor is reviewing a use of force incident. An incomplete investigation can have significant consequences for involved officers and their agency.

This course is tailored to the specific needs of police supervisors, providing them with a comprehensive understanding of a Meaningful Review, Use of Force Case Law and the proper application when conducting use of force investigations. This learning experience will be an interactive discussion utilizing use of force incidents along with videos to provide participants with an understanding and practical application.

A common problem when investigating use of force incidents is poor report writing. The perils of a poor report cannot be underestimated. The course will provide participants with

- Critical elements of an incident report**
- Steps to properly review the initial report meeting established standards.**
- Developing personnel through training and education specifically use of force report writing.**

While conducting a use of force investigation, the agency must meet the standards of a Meaningful Review established by the Office of the Attorney General. This course will include a discussion on the New Jersey Office of Attorney General Use of Force Policy along with best practices and accreditation standards.

***New Jersey State Association
of Chiefs of Police***





MEANINGFUL REVIEWS & USE OF FORCE INVESTIGATIONS FOR SUPERVISORS REGISTRATION

Please select a date/location:

___ September 28, 2026 - Middlesex County Police Training Center, Edison, NJ

___ October 26, 2026 - Bergen County Law & Public Safety Institute, Mahwah, NJ

___ December 8, 2026 - Gloucester County Police Academy, Sewell, NJ

MAKE CHECKS / PURCHASE ORDERS PAYABLE TO AND SEND TO:

New Jersey State Association of Chiefs of Police

751 Route 73 North, Suite 12

Program Fee: \$225/per attendee

Marlton, NJ 08053

P/ 856-334-8943

F/ 856-334-8947

E/ registrations@njsacop.org

Name: _____

Rank/Title: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ **E-mail:** _____

Form of Payment: Check ___ Purchase Order ___ Credit Card: ___ Visa ___ Mastercard ___ AMEX

Credit Card #: _____ **Expiration Date:** _____ **CVV:** _____

Billing Address: _____

City/State/Zip: _____

Signature: _____