

(Agency) Police Department
Mental Wellness Check-In Verification

I, Chief _____ attest that all officers on the attached attendance sheet were contacted individually by one of our peer support officers who relayed information about our peer support program and solicited feedback regarding the officer's potential needs and the details of the program. Our peer support officer informed me of the completion of the check-ins. I affirm that the Mental Health check-in required by RSMo. 590.192 has been fulfilled for the years of 20__ to 20__ for all officers in the attached sheet.

Chief of Police (Print Name)

Chief of Police signature

Date