



Agency Profile

Agency _____

Address _____

Agency CEO _____

Phone _____

Agency Website _____

Accreditation Manager _____

Phone _____

E-mail _____

ACCREDITED STATUS

Has the agency been previously accredited by the VLEPSC? _____ Year _____

Has the agency previously been accredited by the CALEA? _____ Year _____

AGENCY SIZE

Authorized Sworn _____

(Indicate full and part time)

Actual Sworn _____

Authorized Civilian _____

(Incl. Dispatch, crossing guards, etc.)

Actual Civilian _____

TOTAL ACTUAL EMPLOYEES _____



If the agency utilizes auxiliary officers, or volunteers, indicate the number and briefly describe their duties.

LEGAL RESPONSIBILITIES: Indicate the agency's legally mandated responsibilities. The mandate may originate in the state constitution, statute, ordinance or common law.

General Law Enforcement	_____	Traffic Law Enforcement	_____
Criminal Investigations	_____	Court Security	_____
Criminal Process Service	_____	Federal Law Enforcement	_____
Civil Process Service	_____	Other	_____

GEOGRAPHIC AREA OF RESPONSIBILITY: Indicate political subdivisions or municipalities where your agency provides law enforcement services. Countywide agencies should indicate all incorporated towns within the confines of the county that rely on the agency for law enforcement services.

Square mileage of service area: _____ Population: _____

Indicate property located within the confines of another political subdivision for which your agency has law enforcement responsibility (airports, storage facilities, garages, etc.)



If the agency has entered into a contractual agreement for the provision or receipt of law enforcement services with another jurisdiction, indicate the jurisdiction involved and the services provided.

PERSONNEL FUNCTIONS

Which department or office handles the agency personnel function?

Department/office _____
 Address _____
 Contact Person _____
 Phone _____

WORK FORCE: Indicate the number of sworn employees for each category.

	<u>Admin</u>	<u>Patrol</u>	<u>Inv.</u>	<u>Jail</u>	<u>CivProc</u>	<u>Crts</u>
Ranks above Captain	_____	_____	_____	_____	_____	_____
Captain	_____	_____	_____	_____	_____	_____
Lieutenant	_____	_____	_____	_____	_____	_____
Sergeant	_____	_____	_____	_____	_____	_____
Other supervisory rank	_____	_____	_____	_____	_____	_____
Officer/deputy	_____	_____	_____	_____	_____	_____
Correctional officer	_____	_____	_____	_____	_____	_____
Other sworn	_____	_____	_____	_____	_____	_____
Crossing guard	_____	_____	_____	_____	_____	_____
Cadet	_____	_____	_____	_____	_____	_____
Civilian	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____



PATROL ALLOCATION: Indicate the shift hours and number assigned.

	Patrol	Fixed Post	Criminal Invest.	Court Security	Civil Process	Jail Duties
Shift _____	_____	_____	_____	_____	_____	_____
Shift _____	_____	_____	_____	_____	_____	_____
Shift _____	_____	_____	_____	_____	_____	_____

Briefly describe any overlap or “power” shift.

INVESTIGATIONS

Does the agency routinely use uniformed patrol officers/deputies to conduct follow-up investigations of criminal cases? If so, describe when (most felonies, most misdemeanors, non-criminal incidents, etc.)

List current narcotics or vice task force participation (include agencies involved.)

JAIL FACILITIES

If the agency operates a detention facility, does the American Corrections Association accredit it?
 Yes ___ No ___



COMMUNICATIONS

Does the agency operate its own communications center? Yes _____ No _____

If YES above, where is the center located? _____

If NO above, who manages and operates the communications center, and where is it located?

SUBSTATIONS OR OTHER FACILITIES

List the address and type of any facilities used by your agency other than those already provided (substations, training facilities, task force offices, etc.)

TRAINING

Does the agency operate its own training academy? Yes _____ No _____

Location: _____

If "no" to above, which academy provides basic training for recruits?

Academy name: _____

Address: _____

Name of person completing report: _____

Please submit the completed report to the address below.

Rev: 10/05