

AGENCY SURVEY

AGENCY NAME: _____

AGENCY ADDRESS: _____

AGENCY PHONE: _____ AGENCY FAX: _____

CHIEF EXECUTIVE OFFICER: _____

Phone & Email: _____

ACCREDITATION MANAGER: _____

Phone & Email: _____

1. AGENCY SIZE	<u>Authorized</u>	<u>Actual</u>
Sworn Officers	_____	_____
Civilians	_____	_____
TOTALS	_____	_____

2. AGENCY WORKFORCE

<u>SWORN</u>	<u>Quantity</u>
Patrol Officers	_____
Investigation	_____
Patrol Supervisors (Cpl./Sgt.)	_____
Investigation Supervisors (Cpl./Sgt.)	_____
Command (Lt./Capt.)	_____
Executive (Maj. & above)	_____
<u>CIVILIAN</u>	<u>Quantity</u>
Clerical	_____
Technical	_____
Executive	_____

3. SWORN PERSONNEL BREAKDOWN

RACE	MALES (#)	FEMALES (#)
White	_____	_____
Black	_____	_____
Hispanic	_____	_____
Other	_____	_____
TOTAL	_____	_____

4. POPULATION OF JURISDICTION _____

Minority _____%

White _____%

5. SQUARE MILES OF JURISDICTION _____

This survey was completed under my direction, includes this agency's organizational chart, and is submitted as a part of the application to the administrator for South Carolina State Accreditation.

AGENCY CHIEF EXECUTIVE:

Print Name

Signature

Date: _____