AGENCY CRITIQUE OF THE ACCREDITATION PROGRAM

In an effort to continue providing quality service, the Chief Executive Officer is asked to critique his/her accreditation experience. (For SCLEA Commission use only.)

Agency Name:		
Address:		
City, State and Zip code:		
Agency Chief Executive:		
Dates of Assessment:		
(1) Team Leader:		
(2) Team Assessor:		
(3) Team Assessor:		
(4) Team Assessor:		

Please return to:

South Carolina Law Enforcement Accreditation, Inc. Post Office Box 212266 Columbia, SC 29221.

If you had occasion to communicate with SCLEA, did you find the staff helpful?
Describe specific problems you encountered during the accreditation process.
Please provide any comments you may have regarding the: (if necessary, use separate paper)
Application Process
A D
Assessment Process
Team Leader

•	Assessors
•	Assessment Report
•	SCLEA Council (Governing Body)
•	Other