



Advancing Public Safety

ILEAC Agency Profile

ILEAC

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DEPARTMENT PROFILE

Department _____

Address _____

Phone _____ County _____

Chief (CEO) _____

Phone _____

E-mail _____

Accreditation Manager _____

Phone _____

E-mail _____

ACCREDITED STATUS

Is or has your department ever been accredited by the national accreditation program?

Yes

No

Year(s) _____

Agency Size _____

Authorized Sworn _____ Full Time _____ Part Time _____

Authorized Civilian _____ Full Time _____ Part Time _____

(Include dispatch, crossing guards, etc.)

Auxiliary Officers If the agency utilizes auxiliary officers, indicate the number and briefly describe their duties.

VOLUNTEERS If the agency utilizes volunteers, indicate their number and briefly describe their duties.

GEOGRAPHIC AREA OF RESPONSIBILITY: Indicate political subdivisions or municipalities where your agency provides law enforcement services. Regional agencies should indicate all political subdivisions that rely on the agency for law enforcement services.

Square mileage of service area: _____ Population: _____

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

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

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

	Administration	Patrol	Investigation
Ranks above Captain			
Captain			
Lieutenant			
Sergeant			
Other Supervisory Rank			
Officer			
Other Sworn			
Crossing guard			
Civilian			
Other			
Total			

PATROL ALLOCATION: Indicate the shift hours and number assigned.

	Patrol	Fixed Post	Criminal Investigation
Shift			
Shift			
Shift			

Briefly describe any overlap or "power" shift.

INVESTIGATIONS:

Does your agency routinely use uniformed patrol officers 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).

COMMUNICATIONS

Does the agency operate its own communications center? Yes _____

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

What academy provides basic training for recruits?

Academy Name:

Address:

HOLDING FACILITIES

Does your agency contain a holding cell area as defined on page 39 of the Standards Manual? Yes No

If yes, what is the maximum capacity of the holding cell area? _____

Do you process (photograph, fingerprint, etc.) defendants at your facility?
Yes No

Do you use a central booking station for processing, detention and/or transporting to jail facilities? Yes No

If yes, which booking station do you use (please include name and address):

Does your facility contain a temporary holding area as defined on page 45 of the Standards Manual? Yes No

If yes, describe the temporary holding area:

VEHICLES

Please list the type and number of vehicles utilized by your agency (including bicycles, motorcycles, helicopters, etc.):

ATTACHMENTS

Please enclose the following documents when submitting this survey:

- a. Copy of Agency Annual Report (if produced);
- b. Agency Organizational Chart
- c. Agency Personnel Roster and
- d. Detail Map of Service Area.