



Advancing Public Safety

AGENCY CRITIQUE OF THE ACCREDITATION PROGRAM

ILEAC represents the best in contemporary law enforcement in the State of Indiana. In order to maintain high standards, the Chief Executive Officer is asked to provide an honest evaluation of his/her experience after all accreditation activities have been completed. Your response is **CONFIDENTIAL**.

**To be completed by Agency's Chief Executive Officer
Following the Award of Accredited Status**

Agency Name: _____

Address: _____

City and State: _____

Phone No: _____

Dates of On-site Assessment: _____

Team Leader: _____

Team Assessor: _____

Commission Staff: _____

Return to:

ILEAC Agency Critique
Micheal R. Dixon
10293 North Meridian Street, Suite 175
Indianapolis, IN 46290



CONFIDENTIAL



Accreditation Process

1. If you had occasion to telephone or correspond with ILEAC staff, did you find the staff consistently helpful?
 - 1.1 Were ILEAC staff responses pertinent to your requests?
 - 1.2 Were ILEAC staff responses timely?
2. Please describe any problems you may have encountered with the time schedule for seeking accreditation.
3. Describe specific problems you encountered during the accreditation process.

Public Information Policy

4. Please respond to the following concerning the Public Information Session:
 - 4.1 List the benefits of the session?
 - 4.2 Identify any problems with the session?
 - 4.3 Can the form or substance of the session be improved?



CONFIDENTIAL



Length of On-site

5. Were the number of days scheduled for the team to be at your agency sufficient to complete assessment? (Mark the appropriate response)

_____ sufficient to complete assessment?

_____ insufficient to complete assessment?

_____ more than needed to complete assessment?

6. Please provide any additional comments you may have regarding:

Application process:

On-site assessment:

Assessors:

ILEAC Staff:



CONFIDENTIAL



Public involvement/information:

Other:

Agency Name: _____

Agency Chief Executive: _____
(Signature)

(Typed Name)

(Title)

Date: _____