### AGENCY SURVEY

AGENCY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGENCY FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHIEF EXECUTIVE OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCREDITATION MANAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. AGENCY SIZE Authorized Actual

 Sworn Officers \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Civilians \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 TOTALS \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

2. AGENCY WORKFORCE

 SWORN Quantity

 Patrol Officers \_\_\_\_\_\_\_\_\_

 Investigation \_\_\_\_\_\_\_\_\_

 Patrol Supervisors (Cpl./Sgt.) \_\_\_\_\_\_\_\_\_

 Investigation Supervisors (Cpl./Sgt.) \_\_\_\_\_\_\_\_\_

 Command (Lt./Capt.) \_\_\_\_\_\_\_\_\_

 Executive (Maj. & above) \_\_\_\_\_\_\_\_\_

 CIVILIAN Quantity

 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_