

NEW YORK STATE LAW ENFORCEMENT ACCREDITATION PROGRAM
STANDARD COMPLIANCE REPORT / POLICY ADVICE
FOR

AGENCY:

STANDARD: **PREPARED BY:**

- METHOD(S) OF COMPLIANCE:**
- Written Directive(s) (Must be attached.)
 - Written Documentation (Must be attached.)
 - Interview(s) (Specify names & titles below.)
 - Observations
 - Waiver (Attach approval from Council.)

IDENTIFY SOURCE(S) AND EXPLAIN:

CLEO (or designee) SIGNATURE: **DATE:**

ASSESSOR USE ONLY: **COMPLIANT** **NON-COMPLIANT**

REMARKS:

CONTINUED

ASSESSOR SIGNATURE: **DATE:**

ASSESSOR PRINTED NAME:

TEAM LEADER SIGNATURE:

IF NON-COMPLIANT, CLEO (or designee) SIGNATURE:

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STANDARD COMPLIANCE REPORT (CONTINUATION)

FOR

AGENCY: []

STANDARD: []

PREPARED BY: []

REMARKS (CONT.):

[Lined area for writing remarks]

ASSESSOR SIGNATURE: []

DATE: []