

NEW MEXICO LAW ENFORCEMENT ACCREDITATION PROGRAM
AGENCY GENERAL INFORMATION QUESTIONNAIRE

FUNCTIONAL PROFILE

Please indicate, by checking the appropriate box, whether or not your department performs any of the following functions or activities in carrying out its responsibilities.

Please mark:	[YES]	[NO]	[OTHER]
1. Has your department entered into a contractual agreement to provide law enforcement services to another jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your department entered into a contractual agreement to receive law enforcement services from another jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a collective bargaining agreement in effect? (If yes on questions 1-3, provide copies of agreements.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your department recruit its own entry-level personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your department:			
1. Have a Traffic Unit or component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Employ non-sworn traffic direction and control personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employ non-sworn traffic accident investigation personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Employ adult school crossing guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **Enforce Municipal Codes for dogs, weeds, etc.?**

[YES] [NO] [OTHER]

6. **Does your department have a “holding facility” (ie, a facility holding prisoners for 48 hours or less)?**

7. **Does your department provide security for court rooms?**

8. **Does your department operate a detention Facility?**

AGENCY PROFILE:

9. **Organization Chart**
Does your department have an organization chart? (If yes, please submit a copy.)

1. **Annual Report** **Does your Department publish an annual report? (If yes, please submit a copy.)**

10. **Uniformed Patrol Operations** **Please provide the following information:**
% of total personnel assigned to patrol.

10-1 Types of Patrol: [YES] [NO]

- a. **All 1 officer cars**
- b. **All 2 officer cars**
- c. **Combination of 1 & 2 Officer cars**
- d. **Foot Patrol**
- e. **K-9 Units**
- f. **Equestrian Units**
- g. **Motorcycle Patrol**
- h. **Directed Patrol**
- i. **Bicycle Patrol**

Comments: _____

2. **Describe how the Patrol Function is staffed by schedules and number of personnel.**

3. **Patrol “Systems”: Briefly describe the “systems” used to determine: (1) Patrol manpower needs; and (2) Patrol beat boundaries;**

11. **Investigative Operations: If the department has an investigative unit, please provide the following information:**

[YES] [NO]

1. **Do you have an Investigations Unit?**

a. **If yes, ____% of total personnel assigned.**

b. **Does the department routinely use uniformed officers to conduct follow-up investigations?**

If yes, please briefly explain:

2. **Organization of Investigations:**

Briefly describe the organization of the investigative unit: Reports to: organized by crime specialty or not; how are personnel assigned; hours of work; and other aspects that will provide basic information:

11-3 **Solvability Factors:** [YES] [NO]
Does the department routinely employ
“Solvability Factors” in deciding case
assignments and/or case priorities?

If yes, briefly describe how solvability
factors are employed:

11-4 **Juvenile Investigations:** [YES] [NO]

- a. Do you have a Juvenile Investigations
Unit?
- b. Is the unit part of the investigative unit, or is it separate? If
separate, to whom does it report?

5. **Vice and Narcotic Investigations:** [YES] [NO]

- a. Do you have a unit concerned with
vice complaints and investigations?

If so, to whom does the unit report?

Rank or Position: _____
Unit Name: _____

- b. Do you have a unit concerned with
narcotic investigations?

If so, to whom does the unit report?

Rank or Position: _____
Unit Name: _____

12. **Administration:** [YES] [NO]

1. **Rules and Regulations** Does your department have a manual of rules and regulations?

2. **Written Directive System** Does your department have a written directive system?

3. **Administrative Units** Does your department have a formal unit? (ie, one or more persons assigned full time for the following activities): **[YES]** **[NO]**

a. Planning/Research
b. Inspections
c. Intelligence
d. Internal Investigations
e. Public Information
f. Police-Community Relations
g. Data Processing

4. What other “formal” administrative Units does the department have? _____

5. _____ % of total personnel assigned to administration.

13. **Evidence and Property:** **[YES]** **[NO]**
Does your department operate and maintain its own evidence and property storage?

14. **Communications Center:** **[YES]** **[NO]**
Does your department manage and operate its own communications center?

If no, who manages the department's communications or is it a shared facility?
Please explain below:

15. **Records:** **[YES]** **[NO]**
Does your department operate and maintain its own Records Section?

16. **Civil Process** [YES] [NO]
Does your department have responsibility for
civil process service?

17. **Code Enforcement:** If you answered question 5-5 "yes" please complete the following questions:

17-1 Do you enforce: [YES] [NO]
Animal Control?
Weed Abatement?
Trash Abatement?
Inoperable Vehicles?
Sign Ordinances?
Other _____

17-2 Number of personnel assigned: _____

Are these personnel: [YES] [NO]
Sworn
Non-Sworn

17-3 Briefly describe their work schedules:

[YES] [NO]
17-4 Is a procedural or policy manual available?

18. **Relations with the Fire Suppression Agency:**
Please indicate the relationship between your department and the fire suppression
agency, or agencies in your service area:

[YES] [NO]

1. Is your department a separate service?

2. If "no," is the department part of a Department of Public Safety, reporting to a Director?

3. Are department personnel cross-trained and used for law enforcement and fire suppression purposes? [YES] [NO]

4. If "yes," please describe the nature and scope of the program below:

19. Unique Problems:

Please describe any unique characteristics of your community that cause special problems, i.e., tourist resort, prison location, etc. or any unique problems your department may have that is in need of solutions. (Other than budget.)

Name _____

Agency _____