NJSACOP LEAP Annual Accreditation Report

Agency: _____

Report for Calendar Year: _____

Section 1:

This section requires information for various tables in the most recent final assessment report, which had been generated with your most recent onsite assessment and presented to the N J S A C O P   L E A C .

Racially Influenced Policing Complaints:
Traffic Contacts   _____
Field Contacts   _____
Forfeitures   _____

Use of Force:
Firearm: _____
CED (Taser)   _____
Baton   _____
OC   _____
Canine Physical Contact   _____
Weaponless Physical Force   _____
Total Types of Force   _____
Total Use of Force Arrests   _____
Complaints of Excessive Force   _____
Total Agency Custodial Arrests   _____

Personnel Actions:
Suspensions   _____
Demotions   _____
Resignation in Lieu of Termination _____
Termination   _____
Other   _____
Total   _____
Commendations   _____

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Sworn Officer Selection Activity in the Past Year:

Race/Sex	Applications Received	Candidates Hired
White Male	_____	_____
White Female	_____	_____
African American Male	_____	_____
African American Female	_____	_____
Hispanic/Latino Male	_____	_____
Hispanic/Latino Female	_____	_____
Asian Male	_____	_____
Asian Female	_____	_____
Other Male	_____	_____
Other Female	_____	_____
Total	_____	_____

Promotions:

	Tested	Eligible after Testing	Promoted
White Male	_____	_____	_____
White Female	_____	_____	_____
African American Male	_____	_____	_____
African American Female	_____	_____	_____
Hispanic/Latino Male	_____	_____	_____
Hispanic/Latino Female	_____	_____	_____
Asian Male	_____	_____	_____
Asian Female	_____	_____	_____
Other Male	_____	_____	_____
Other Female	_____	_____	_____
Total	_____	_____	_____

Pursuits:

Total Pursuits:	_____
Terminated by agency	_____
Policy Compliant	_____
Policy non-compliant	_____
Crashes: Agency	_____
Suspect	_____
Third party	_____
Underlying violation	
Traffic Offense	_____
Crime	_____
DP or PDP	_____

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Complaints and Internal Affairs:

External Citizen Complaints Total: _____
                    Sustained: _____
                    Not sustained _____
                    Unfounded: _____
                    Exonerated: _____
                    Pending: _____
Internal Agency Complaints Total: _____
                    Sustained: _____
                    Not sustained _____
                    Unfounded: _____
                    Exonerated: _____
                    Pending: _____

Section 2:

This section provides general information on your agency that will be beneficial to the assessors for your next onsite assessment.

Name of CEO for organization: _____

Rank/Title of CEO: _____

Is this a new CEO from the last assessment or report? ☐ Yes ☐ No

Are you a New Jersey Civil Service Commission jurisdiction? ☐ Yes ☐ No

Have you had any critical incidents during the calendar year? ☐ Yes ☐ No

If yes, please provide a brief description:

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Report for Calendar Year: _____

Are there any future issues addressed in the final report of your on-site assessment? Were there any future issues addressed in your final report handled by your agency in this past calendar year? ☐ Yes ☐ No

If yes, please provide a brief description:

_____   _____
Person Completing Report   Date