



**Oklahoma Association of Chiefs of Police  
Oklahoma Law Enforcement Accreditation Program**



**Annual Compliance Report**

The Chief Law Enforcement Officer is required to ensure that an annual compliance report is filed with the OLEAP each year to maintain their current accredited, certified, verified, or candidate status. This report should be completed and returned to the OACP Accreditation Program Manager by December 31st of each year. The report must be filed regardless of the last assessment date or even if your agency is a candidate and has not yet been assessed. Additional sheets may be attached to this report if necessary.

Report Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, St: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Chief Law Enforcement Officer: \_\_\_\_\_

    Preferred contact information: \_\_\_\_\_

Accreditation Manager: \_\_\_\_\_

    Preferred contact information: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

    Preferred contact information: \_\_\_\_\_

**This is page 1 of 3 pages**

Please complete **all three** pages and email, fax or mail:

Email: [chiefs@okchiefs.org](mailto:chiefs@okchiefs.org)

Or fax to: (844) 429-0431

Or mail: Oklahoma Association of Chiefs of Police  
State Accreditation Program Manager  
1141 East 37<sup>th</sup> Street  
Tulsa, OK 74105

1. What position or person in your agency monitors or reviews new or revised policies, procedures or other written directives to ensure they remain in compliance with current accreditation/certification/verification standards?

2. Has your agency remained in compliance with all applicable standards throughout the preceding twelve (12) months?  Yes  No

If no, please explain below for each standard. Use additional sheets of paper if necessary.

- a. Standard Number: \_\_\_\_\_
- b. Reason for non-compliance: \_\_\_\_\_
- c. Your plan and timetable for re-establishing compliance: \_\_\_\_\_

3. During the past twelve (12) months, has your agency initiated new services, projects etc. that might change the status of a previously approved waiver.  Yes  No

If yes, please provide the information for each standard that previously was granted a waiver. Use additional sheets of paper if necessary.

- a. Standard Number: \_\_\_\_\_
- b. Reason for withdrawing waiver: \_\_\_\_\_

4. During the past twelve (12) months, has your agency changed any services, projects, etc. that might be justification for granting a waiver?  Yes  No

If yes, please provide the following information for each standard or standard element for which you are requesting a waiver. Use additional sheets of paper if necessary.

- a. Standard Number: \_\_\_\_\_
- b. Reason for waiver request: \_\_\_\_\_

5. Please describe any situations in which your status as an accredited agency was a positive factor in dealing with the community or any other law enforcement related issue.
  
  
  
  
  
  
  
  
  
  
6. Please provide any suggestions or comments that you believe will be beneficial to the accreditation program and its participating agencies.

**Chief Law Enforcement Officer's Certification:**

I hereby certify that this agency is in compliance with all applicable accreditation, certification, or verification standards, and that the employees of this agency practice all applicable standards, except as may be indicted in this report.

\_\_\_\_\_  
Signature of CLEO

\_\_\_\_\_  
Date

**Report prepared by:**

Name: \_\_\_\_\_

Telephone or other contact information: \_\_\_\_\_