

SUGGESTION PROCEDURE

10004.1 PURPOSE

This procedure addresses how suggestions and feedback may be provided.

10004.2 PROCEDURE

- A. The Santa Ana Police Department provides suggestion forms for members to submit recommendations that may improve police efficiency and service to the community. Suggestions should be directed to the Chief of Police where they will be reviewed and then assigned to one or more members of the Department for evaluation and recommendation for action. The member will be advised about the status of proposed suggestions and reasons they have or have not been adopted.
- B. The completed Suggestion Form will be entered into a file in the Chief's office and copies of all other information pertinent to the proposal will be entered into the member's personnel file.
- C. An example of this form is attached: [See attachment: Suggestion Form Page 1.pdf](#) [See attachment: Suggestion Form Page 2.pdf](#) and is available to all members. The forms will be maintained by Property Services.
- D. Suggestions should be submitted through the chain of command, soliciting recommendations or comments to the Chief of Police.

Attachments

Suggestion Form Page 1.pdf

SUGGESTION FORM

To suggest ways to improve our Department or our service to the community, **COMPLETE ALL PARTS** of this form and submit it through the chain of command to the Chief of Police. Your suggestion will be reviewed by the Chief and then assigned to one or more members of the Department for evaluation and recommendation. A copy of your suggestion and all information pertinent to your proposal will be included in your personnel file. You will receive acknowledgement of receipt of this suggestion within 10 days of the time you submit it. If you do not receive notice of receipt, contact your supervisor. (Dept. Order 285)

Attach additional pages, if necessary.

I. WHAT IS YOUR SUGGESTION? _____

II. WHAT CIRCUMSTANCES OR CONDITIONS LED YOU TO MAKE THIS SUGGESTION?

III. IN WHAT WAY(S) WILL IMPLEMENTATION OF YOUR SUGGESTION IMPROVE OR BENEFIT THE DEPARTMENT?

IV. WHAT ALTERNATIVES HAVE YOU CONSIDERED?

Suggestion Form Page 2.pdf

V. WHAT, IF ANYTHING, WILL IT COST TO IMPLEMENT YOUR SUGGESTION?

VI. IF YOUR SUGGESTION INCLUDES PURCHASE OF AN ITEM OR WOULD REQUIRE THAT THE DEPARTMENT CONTRACT FOR A SERVICE, LIST POSSIBLE PRODUCT NAMES AND/OR VENDORS THAT THE DEPARTMENT MIGHT USE.

SUBMITTED BY: _____ DATE _____ ID# _____
Employee Name

REVIEWED BY: _____ Date _____

DATE ACKNOWLEDGEMENT SENT _____

ASSIGNED TO: _____ Date _____

_____ Date _____

_____ Date _____

FINAL DISPOSITION: _____ Date _____