

Citizen Survey Questionnaire - Saint Paul Police Department

1. **What are the top 3 concerns or problems you see in your neighborhood?** (please only 3)
- | | | |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> graffiti | <input type="checkbox"/> drug dealing | <input type="checkbox"/> noise |
| <input type="checkbox"/> fighting | <input type="checkbox"/> gangs | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> loitering | <input type="checkbox"/> juvenile crime | <i>(please specify)</i> |
| <input type="checkbox"/> littering | <input type="checkbox"/> trespassing | <input type="checkbox"/> none |
2. **How would you rate the safety of your neighborhood DURING THE DAY?** (please one option)
- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> very safe | <input type="checkbox"/> neither safe nor unsafe | <input type="checkbox"/> very unsafe |
| <input type="checkbox"/> somewhat safe | <input type="checkbox"/> somewhat unsafe | <input type="checkbox"/> don't know |
3. **How would you rate the safety of your neighborhood AFTER DARK?** (please one option)
- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> very safe | <input type="checkbox"/> neither safe nor unsafe | <input type="checkbox"/> very unsafe |
| <input type="checkbox"/> somewhat safe | <input type="checkbox"/> somewhat unsafe | <input type="checkbox"/> don't know |
4. **Do you feel more safe, about the same, or less safe in your neighborhood now than you did 12 months ago?**
- | | | |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> more safe | <input type="checkbox"/> about the same | <input type="checkbox"/> less safe |
|------------------------------------|---|------------------------------------|
5. **What are the top 3 most important concerns or problems that the Saint Paul Police Department should be working to improve?**
1. _____
2. _____
3. _____
6. **Have you or others in your household been a victim of a crime in the last 12 months?**
- yes no
7. **Have you or others in your household had personal, face-to-face contact (crime victim, traffic stop, personal interview, etc.) with a member of the Saint Paul Police Department in the last 12 months?**
- yes no ... please box and skip to #9 below
8. **If yes, how would you rate your level of satisfaction with the quality of the contact?** (please one option)
- | | | |
|---|---|--|
| <input type="checkbox"/> very satisfied | <input type="checkbox"/> neither satisfied nor dissatisfied | <input type="checkbox"/> somewhat dissatisfied |
| <input type="checkbox"/> somewhat satisfied | | <input type="checkbox"/> very dissatisfied |
- 8a. **Why do you say that?**
- _____
9. **In which of the following community events would you like to be involved?**
(please all that apply)
- | | |
|--|---|
| <input type="checkbox"/> crime watch group | <input type="checkbox"/> neighborhood block party |
| <input type="checkbox"/> Facebook crime watch | <input type="checkbox"/> none of these |
| <input type="checkbox"/> does not apply - am currently involved in one or more of these activities | |
10. **If you are not interested in being involved in any of the community events listed in #9, why not?**
- _____

Thank you for completing this survey.