

ALTON NH POLICE DEPARTMENT

CRIME PREVENTION ATTITUDE AND PERCEPTION SURVEY

1. Personal Contact with Police

In the past 12 months, have you had contact with an Officer of the Alton Police Department? Yes ____ No ____

If yes, what were the circumstances? [Check all that apply]

- _____ A. Traffic enforcement – received citation, warning or parking ticket.
- _____ B. Involved in a traffic collision.
- _____ C. As a victim of a crime.
- _____ D. Arrested or charged with an offense.
- _____ E. General public contact.
- _____ F. Other (please explain) _____

2. Concern for Neighborhood

Indicate whether each of the following is a big problem, somewhat of a problem, or not a problem at all in your community. [Mark by an "X" in appropriate column]

	Big	Somewhat	Not	Don't Know
A. Neighbors fighting with each other	_____	_____	_____	_____
B. Fear of elderly being victimized	_____	_____	_____	_____
C. People drinking too much	_____	_____	_____	_____
D. People being mugged, robbed	_____	_____	_____	_____
E. People using drugs or dope to get high	_____	_____	_____	_____
F. Rape or other sexual attacks	_____	_____	_____	_____
G. People breaking in or sneaking into homes to steal	_____	_____	_____	_____
H. People selling drugs	_____	_____	_____	_____
I. Groups of teenagers hanging around /causing trouble	_____	_____	_____	_____
J. People being robbed or having purses/wallet taken	_____	_____	_____	_____
K. People living here who are not on the Lease	_____	_____	_____	_____
L. Outside lighting, street lights	_____	_____	_____	_____
M. Police patrol in the community	_____	_____	_____	_____
N. Crime	_____	_____	_____	_____

3. Youth Related Concerns

How worried are you about your children:

	Not Worried	Worried	Very Worried
A. Being beaten in the community	_____	_____	_____
B. Being robbed in the community	_____	_____	_____
C. Being exposed to drugs	_____	_____	_____
D. Lack of positive activity in the community	_____	_____	_____

4. Fear Victimization

How worried are you about:

	<u>Not Worried</u>	<u>Worried</u>	<u>Very Worried</u>
A. Having your home broken into while you are away	_____	_____	_____
B. Having your home broken into while you are at home	_____	_____	_____
C. Being robbed in your community	_____	_____	_____
D. Being beaten up in your community	_____	_____	_____
E. Being sexually assaulted or molested (women)	_____	_____	_____
F. Having your car deliberately damaged	_____	_____	_____
G. Having your home vandalized	_____	_____	_____
H. Having your mailbox broken into	_____	_____	_____

5. Neighborhood Crime Prevention

How much do you think you and your neighbors can do to reduce crime?

- _____ A lot to reduce crime
- _____ Some things, but not very much
- _____ Very little to reduce crime
- _____ Nothing at all to reduce crime
- _____ Don't know

6. Involvement of Police Department

On a scale of 1 to 5, with 1 being poor and 5 being excellent, how would you rate the Alton Police Department in the following areas? [Circle appropriate number]

- A. Overall competence and job performance of the Alton Police Department employees? 5 4 3 2 1
- B. If contact were made with an officer of the Alton Police Department during the past 12 months, how would you rate the Officer's attitude and behavior? 5 4 3 2 1
- C. Overall, how would you rate officers of the Alton Police Department in performing their duties? Without regard to race, ethnic background, gender, sexual orientation, religion, economic status, age, cultural group, or disability. 5 4 3 2 1
- D. Overall, how would you rate the Alton Police Department in providing protection in your community? 5 4 3 2 1

What recommendations and suggestions do you have for improvement of service to the public from the Alton Police Department?

7. General Information

	<u>Very Safe</u>	<u>Somewhat Safe</u>	<u>Somewhat Unsafe</u>	<u>Very Unsafe</u>	<u>Don't Know</u>
A. How safe would you feel walking alone in your neighborhood in general?	_____	_____	_____	_____	_____
B. How safe would you feel walking alone in your neighborhood after dark?	_____	_____	_____	_____	_____
C. How safe would you feel walking alone in your neighborhood during the day?	_____	_____	_____	_____	_____
D. How safe would you feel walking alone in business areas after dark?	_____	_____	_____	_____	_____
E. How safe would you feel walking alone in business areas during the day?	_____	_____	_____	_____	_____

8. During the past **3** months, were you or anyone in your household the victim of any crime?

Yes _____
 No _____
 Don't remember/Don't Know _____

If "yes," did you report all of these crimes to the police?

Yes _____
 No _____
 Don't remember/Don't Know _____

9. During the past **12** months, were you or anyone in your household the victim of any crime?

Yes _____
 No _____
 Don't remember/Don't Know _____

If "yes," did you report all of these crimes to the police?

Yes _____
 No _____
 Don't remember/Don't Know _____