

Neighborhood Safety and Security Survey

Please print and complete this survey to help improve safety and security in our neighborhood. Write your answers clearly in the spaces provided.

1. Contact and Location Information

Name (Optional):

Street Address / Block:

Email Address or Phone Number (Optional):

How many years have you lived in this neighborhood?:

2. Perceptions of Safety

How safe do you feel walking alone in the neighborhood during the day? (Write: Very Safe, Safe, Unsafe, or Very Unsafe):

How safe do you feel walking alone in the neighborhood after dark? (Write: Very Safe, Safe, Unsafe, or Very Unsafe):

In the past year, do you feel neighborhood safety has (Write: Improved, Stayed the Same, or Declined):

3. Security Concerns and Incidents

Have you or anyone in your household been a victim of a crime in this neighborhood in the last 12 months? (Write: Yes or No):

If yes, please briefly describe the type of incident (e.g., vandalism, theft, trespass):

Was the incident reported to the police? (Write: Yes, No, or N/A):

What do you believe is the most urgent safety concern in our neighborhood right now? (e.g., speeding, poorly lit areas, home break-ins):

4. Home and Neighborhood Security Measures

What security features do you currently use at your home? (e.g., alarm system, security cameras, motion lights, guard dog):

Would you support the installation of more neighborhood security cameras or license plate readers? (Write: Yes, No, or Undecided):

Are you interested in participating in or forming a Neighborhood Watch Program? (Write: Yes, No, or Already Participating):

5. Suggestions and Feedback

What action could the local city council, police, or neighborhood association take to improve security?:

Please write any additional comments, questions, or concerns you would like to share:

