

CITIZEN PERCEPTION OF CRIME IN DALTON 2014

1. Taking into consideration the last year, what is your perception of crime in Dalton?
Has it increased, decreased, or remained the same?

- Increased Decreased Remained the same

2. Have you limited, changed, or curtailed your activities in Dalton due to your concern of crime?

- Yes No

How significant do you view the following situations in Dalton?

	Not Concerned	Concerned	Very Concerned
3. Having your home burglarized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a. Other property thefts (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walking within Dalton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Driving through Dalton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Children are safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Children exposed to drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Strangers loitering near your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Illegal parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Considering the issues in questions 3-9, please indicate your concern about these issues.

	Not Concerned	Concerned	Very Concerned
10. At Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. During Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent are the issues listed below a problem within the Dalton community?

	Significant	Somewhat	Insignificant
12. Distracted drivers/texting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Visible drug possession and use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Loud music from cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Noisy neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Parking/Traffic safety problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Public drinking/intoxication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Stray/barking dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Unsupervised children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Vandalism/Graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Is the Dalton Police Department responsive to your needs? Yes No
23. Would you hesitate to call the Dalton Police Department for assistance? Yes No

Please rate the following areas of department member performance:

- | | Excellent | Good | Fair | Poor | No Answer |
|---|--|---------------------------------|--------------------------------|--------------------------------|---|
| 24. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Courtesy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Competence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Concerned about your problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Overall, how well do you feel the Dalton Police Department does in providing services to the community? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> No answer | | | | | |
| 29. Your age? | <input type="checkbox"/> Under 19 | <input type="checkbox"/> 20-29 | <input type="checkbox"/> 30-39 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+ |
| 30. Gender? | <input type="checkbox"/> Male | <input type="checkbox"/> Female | | | |
| 31. Race? | <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Indian/Native American <input type="checkbox"/> Other – Please Specify _____ | | | | |

32. Please circle the name of the Dalton City School you live closest to:

- | | | | |
|---------------|------------|-----------|-----------------------------------|
| Dalton High | Westwood | City Park | Blue Ridge/Morris Innovative High |
| Dalton Middle | Park Creek | Roan | Brookwood |

Which programs (existing and proposed) should the Dalton Police Department sustain?

- | | No Support | | Strong Support | | | Not Familiar With Program |
|--|-------------------|---|-----------------------|---|---|----------------------------------|
| 33. Home Security Review/
Personal Safety | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 34. Police Bicycle Patrol | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 35. School Resource Officer | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 36. Police Explorer Program
(Teenage Program) | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 37. Operation RAP
(Graffiti Removal) | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 38. Volunteers in Police Service | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 39. Citizen Police Academy | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |

40. Are there other programs we should consider? Do you have other comments?
Feel free to add pages.
