

In an effort to provide the finest police services to our community, The City of Carbondale Police Department is asking for your assistance. By taking a few minutes to complete this survey, you will help us meet our goal of providing the best police service possible. The results will be tabulated to help us establish training and service goals.

Thank you,

Bob Ledbetter  
Chief of Police

What was the nature of your most recent contact with the City of Carbondale Police Department? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> I called to report an incident         | <input type="checkbox"/> I was issued a traffic citation             |
| <input type="checkbox"/> I was the victim of a crime            | <input type="checkbox"/> I was contacted about a problem/disturbance |
| <input type="checkbox"/> I was a witness to a crime or incident | <input type="checkbox"/> I was involved in a traffic accident        |
| <input type="checkbox"/> Other _____                            | <input type="checkbox"/> I requested information                     |

Based on your most recent contact, please rate the performance of the officer or staff member.

	Excellent	Good	Fair	Poor	No Opinion
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your perception of crime, community wide, in Carbondale?

- Major Problem       Somewhat of a problem       Minor Problem       No Problem

The following apply specifically to your neighborhood:

	Always	Usually	Never
Do you feel safe in your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you comfortable walking in day time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you comfortable walking at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify three main problems/concerns in your neighborhood:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How can we improve the quality of our service in the future?

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#### Demographic Questions

In which portion of the city do you live? (Use Main St. & the Railroad tracks as divider. South is S. Illinois, south of Pleasant Hill Rd.)

- Northeast    Southeast       Northwest       Southwest       South    Non-resident

How long have you lived in Carbondale?    less than 1 year       1-5 years       5-10 years       more than 10 years

What is your age:    18-25    25-34       35-44       45-54       55-65       over 65

Please mail completed forms to:   Chief of Police Bob Ledbetter  
P.O. Box 2047  
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