

# Carbondale Police Department Survey

Dear Carbondale Resident,

The City of Carbondale Police Department is asking for your assistance. In an effort to provide the best police service to the residents of the City of Carbondale, we would like to know your level of satisfaction with the police service you have received. By completing this short survey, you will help us meet our goal of providing the best service possible.



Sincerely,  
 Jody O'Guinn  
 Chief of Police

**What was the nature of your most recent contact with the Carbondale Police?**

- I called to report an accident.
- I was contacted about a problem/disturbance
- I requested information
- I was issued a traffic citation
- I was a witness to a crime or incident
- I was the victim of a crime
- I was involved in a traffic accident
- Other (Please Specify): \_\_\_\_\_

**Please check the Carbondale Police Department employee(s) with whom you had contact with:**

- Police Officer
- Crime Prevention Officer
- DARE Officer
- Investigator/Detective
- School Resource Officer
- Telecommunicator
- Supervisor
- Records Clerk
- Community Service Officer

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

	Excellent	Good	Fair	Poor	No Opinion
Courtesy	_____	_____	_____	_____	_____
Knowledge	_____	_____	_____	_____	_____
Professionalism	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Response Time	_____	_____	_____	_____	_____
Fairness	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Cultural Sensitivity	_____	_____	_____	_____	_____
Competence	_____	_____	_____	_____	_____

**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?   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

Are you comfortable walking in the day time?   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

Are you comfortable walking at night?   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

**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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**In which portion of the city do you live?** (Use Main Street & the railroad tracks as divider. South is South Illinois, south of Pleasant Hill Road)

Northeast    Southeast    Northwest    Southwest    South    Non-resident

**How long have you lived in Carbondale?**

- Less than One 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

**I am**    Male    Female

**My race is:**

- Asian
- African-American
- Hispanic
- Native American
- White
- Other

**I am a student**    Yes    No   **If yes, at which institution** \_\_\_\_\_

**Have you ever been a victim of a crime in Carbondale?**    Yes    No

Thank you for your time to complete this survey. The results will be tabulated to help us establish training and service goals. Please mail your survey to: City of Carbondale Police Department, Attn: Support Services Bureau, P.O. Box 2047, Carbondale, Illinois 62902, or you may drop the form off at the Police Department at 501 South Washington Street or the Carbondale City Hall at 200 S. Illinois Avenue.