



SAFER COMMUNITY TEAMS PRIORITIES QUESTIONNAIRE

ABOUT THIS QUESTIONNAIRE

Northamptonshire Police is keen to improve its services and would appreciate your co-operation in taking part in this short questionnaire. The information you provide will be collated and discussed at a Community Panel Meeting. The purpose of this group is to agree local priorities and take action to resolve them.

In order to tackle local concerns we want to know what matters most to you in the area where you live or work/visit. You can help shape local priorities by answering a few questions regarding your area.

Once the form has been completed, please send this back to **Rushden Police Station, North Street, Rushden, NN10 6BU**. Alternatively, this form can be handed to a PCSO.

LOCATION DETAILS

Location of Issue:

Which location do you wish to complete this survey about? Where you work Where you live

Street name/area

Post Code

Do you consider there to be any problems in that location? Yes

No

If yes, choose **ONE** main issue in this area:

- | | | |
|---|--|--|
| <input type="checkbox"/> Vehicle crime | <input type="checkbox"/> People being drunk or rowdy | <input type="checkbox"/> Dog fouling |
| <input type="checkbox"/> Burglary of homes | <input type="checkbox"/> Burglary of premises other than homes | <input type="checkbox"/> Motorcycle nuisance |
| <input type="checkbox"/> Violent crime | <input type="checkbox"/> People causing a nuisance in the street | <input type="checkbox"/> Lack of things to do |
| <input type="checkbox"/> Speeding vehicles | <input type="checkbox"/> Poor or broken street lighting | <input type="checkbox"/> Vandalism, graffiti and other deliberate damage |
| <input type="checkbox"/> Parking problems | <input type="checkbox"/> Noisy neighbours/loud parties | |
| <input type="checkbox"/> People dealing/using drugs | <input type="checkbox"/> Community tension | |

Select times when these problems occur:

- | | | |
|--|--|--|
| <input type="checkbox"/> 00:00 - 03:00 | <input type="checkbox"/> 09:00 - 12:00 | <input type="checkbox"/> 18:00 - 21:00 |
| <input type="checkbox"/> 03:00 - 06:00 | <input type="checkbox"/> 12:00 - 15:00 | <input type="checkbox"/> 21:00 - 00:00 |
| <input type="checkbox"/> 06:00 - 09:00 | <input type="checkbox"/> 15:00 - 18:00 | |

Select days these problems occur:

- Weekend Weekday

PERSONAL DETAILS

Age Group

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Under 10 | <input type="checkbox"/> 45 to 59 |
| <input type="checkbox"/> 10 - 15 | <input type="checkbox"/> 60 to 64 |
| <input type="checkbox"/> 16 to 17 | <input type="checkbox"/> 65 to 74 |
| <input type="checkbox"/> 18 to 19 | <input type="checkbox"/> 75 to 84 |
| <input type="checkbox"/> 20 to 24 | <input type="checkbox"/> 85 to 89 |
| <input type="checkbox"/> 25 to 29 | <input type="checkbox"/> 90+ |
| <input type="checkbox"/> 30 to 44 | |

Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> British | <input type="checkbox"/> African |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Any other White Background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Other |

*Name

Gender

Male

Female

*Address

*Nationality

*Religion

*E-mail address