



High Springs Police Department Citizen Satisfaction and Safety Survey



The High Springs Police Department strives to provide all Citizens with the highest level of service possible. In order to accomplish this goal and to evaluate the Courtesy, Professionalism, Efficiency and Effectiveness of the Department, we would like to have your input on the job that we are doing. Please take a few minutes to complete this anonymous survey. Thank you for your time and interest in helping the Department improve its service to the Community. **PLEASE SUBMIT ON OR BEFORE JULY 1, 2015.**

Jack J. Anterio

Jack J. Anterio
Chief of Police

Directions: Please answer the following questions to the best of your knowledge. All responses will be kept confidential.

Section I: Your Community

Please rate the seriousness of the following crimes and quality of life issues in High Springs for the past 5 years.

(Check only one box for each item)

	Very Serious	Moderately Serious	Slightly Serious	Not a Problem	Don't Know
Burglary (House Break Ins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assaults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unlawful Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupervised House Parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Control Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking Groups in Woods or Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unlawful Weapon Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loitering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speeding Motor Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Driving Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drunk Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card or Check Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer/Internet Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding/Rollerblading in Business Districts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassing/Annoying Phone Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solicitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycles on sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unnecessary Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been the victim of a crime in High Springs? No Yes

Have you ever been the victim of a crime outside High Springs? No Yes

In High Springs, have you ever: (Check all that apply)

- Stopped to ask a Police Officer advice or directions?
- Stopped to talk to a Police Officer about a Community issue or concern?
- Called the Police station to discuss a Community issue or concern?
- Been involved in a traffic crash which required Police intervention?
- Been involved in a Police/Community outreach program (e.g. DARE, Bicycle Safety, etc.)?
- Been stopped for a traffic offense?
- Been questioned by the Police and released (other than for a traffic offense)?
- Reported a crime?
- Been arrested?
- Filed a formal complaint against a High Springs Police Officer?

In your opinion how much have the following factors contributed to the crime rate in High Springs over the past 5 years?
(Check only one box for each subject)

	Large Influence	Moderate Influence	Slight Influence	No Influence	Don't Know
Courts are too Lenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug or Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of Alternative Activities for Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of Jobs/Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Police Presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty/Low Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Programs/Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affluence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your neighborhood have a citizen crime watch? No Yes

If no, would you participate in a crime watch? No Yes

What kind of security do you use at home? (Check all that apply--this survey is anonymous)

- alarm system
- sensor lights
- standard door & window locks
- window grills
- dead bolt locks
- anti-open devices in windows
- dog
- exterior/interior burglar bars
- do not secure home

In your opinion, how likely is it that you will be the victim of a property crime in High Springs over the next 5 years?
 highly likely moderately likely slightly likely Not at all likely

In your opinion, how likely is it that you will be the victim of a violent crime in High Springs over the next 5 years?
 highly likely moderately likely slightly likely Not at all likely

How much time do you spend actively participating in the community (community-based programs, committees, boards, etc.) each month?

- 1-7 hrs
 8-12 hrs
 13-20 hrs
 21+ hrs
 don't participate

In your opinion, compared to other communities in Alachua County, how safe is High Springs overall?

- much safer
 slightly safer
 about the same
 less safe
 much less safe

What do you believe about the prevalence of crime in High Springs? (Please check only one category)

- Crime has increased in High Springs over the last three years.
 Crime has remained the same in High Springs over the last three years.
 Crime has decreased in High Springs over the last three years.
 Don't know.

(Please check one response for each statement)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I feel safe at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe walking alone in my neighborhood after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe walking with others after dark in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my personal property is safe when I leave home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When returning home at night, I feel safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe leaving my home/car unlocked during the day in High Springs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe walking alone in High Springs' shopping districts at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe walking with others in High Springs' shopping districts at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe alone in parks and recreation areas in High Springs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe with others in parks and recreation areas in High Springs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How serious is the illegal drug problem in the following areas in High Springs?

(Please check one box for each item)

	Very Serious	Somewhat Serious	Slightly Serious	Not Serious	Don't Know
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playgrounds/Recreation areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within the Adult Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II: The Department

Please respond whether you agree or disagree with the following statements.

(Please check one box for each item)

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
The Police presence in my neighborhood is appropriate for the need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic enforcement in High Springs meets the needs of the Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Police Department gives proper attention to minor crimes (e.g. vandalism, disturbances, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Police Department is providing appropriate Community education and outreach programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efforts of the Police Department to enforce the law are compatible with community needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Springs Police Officers perform an appropriate amount of foot patrols in the business district(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Police Department responds to emergency calls in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Springs Police Officers treat people with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Springs Police Officers respect the rights of individuals and treat people fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone calls to the High Springs Police station are handled professionally and courteously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal complaint brought against a High Springs Police Officer will receive a fair, objective and timely response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The High Springs Police Department solicits and welcomes community input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Springs Police Officers are respected by the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The High Springs Police Department has a good public image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The High Springs Police Department does its job well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Springs Police Officers look professional in appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police information provided in local newspaper is useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Springs Police Officers provide timely and useful information to persons reporting crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The High Springs Police Department publicizes its services and programs adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How effective do you believe the following High Springs Police and Community programs are on the crime problem and Quality of Life issues?

(Please check only one box for each)

	Very Effective	Somewhat Effective	Slightly Effective	Not At All	Don't Know
Traffic Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Directed Patrol" to high incident areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic campaigns (e.g. Click It or Ticket It)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook Page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Coffee with the Chief"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III: Demographic Information

How long have you lived in High Springs?

- less than one year 1-3 years 4-10 years 11-20 years 21+ years

How old are you?

- 18-24 25-34 35-44
 45-54 55-64 65 or older

How many people are in your household?

- 1 person 2-3 people 4-5 people 6+ people

Do you have any children under the age of 21 living in your household? No Yes

If yes, please list their ages here:

Do you own or rent your home? Own Rent Other:

Average household yearly income before taxes?

- under \$30,000 \$30,000-59,999 \$60,000-89,999 \$90,000-119,999 \$120,000+

What is your current employment status? *(Please check only one box)*

- Employed Unemployed Student
 Self-employed Disabled Stay at Home Wife or Husband
 Retired Other

What is your race?

- Caucasian African-American Asian Hispanic Other:

Section IV: Your Comments

Please feel free to use as much space or additional pages as necessary.

The thing I like best about the High Springs Police Department is:

The thing I would most like to see improved at the High Springs Police Department is:

Please list the most significant values or characteristics that a High Springs Police Officer should possess.

Your suggestions are always appreciated. Please comment on anything about the High Springs Police Department that you feel will help us serve you better.

Thank you for your participation in the *High Springs Police Department Citizen Satisfaction and Safety Survey*.

Jack J. Anterio

Jack J. Anterio
Chief of Police

If you would like contact (optional), please print your name and contact number or E-mail address below.

Name:
Address:
Contact Number:
E-mail:

The Citizen Satisfaction and Safety Survey can be:

- Hand-delivered to any Officer or Supervisor of the High Springs Police Department;
- Hand-delivered to the High Springs Police Department Headquarters (Monday through Friday 8:00 AM - 4:00 PM);
- Mailed to the High Springs Police Department located at 110 NW 2nd Avenue High Springs, FL 32643;
- Faxed to High Springs Police Department at (386) 454-7801;
- Submitted via E-mail attachment to PD@highsprings.us; or
- Dropped in the "Utility Payment Drop Box" located behind City Hall, 110 NW 1st Avenue High Springs, FL 32643 (24-hours a day, 365 days a year).

PLEASE SUBMIT ON OR BEFORE JULY 1, 2015.