



# COMMUNITY DEVELOPER-POLICE PARTNERSHIP SURVEY

Please answer the following questions about the status of your safety concerns and current relationships with local police. This information will help LISC learn about existing safety activities underway in your area and consider how we might support them. Thank you for your time!

Name:  
Organization:

1. Which of the following are safety or quality of life problems in your target area? (Check all that apply.)

	<u>Big Problem</u>	<u>Occasional Problem</u>	<u>Not A Problem</u>
Drug Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Intoxication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery/Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Street Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuisance Properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please briefly comment on any efforts you have undertaken to address safety problems.

3. If you had to prioritize the safety issues listen above, which would be of #1 concern to the neighborhood you serve?

4. What is the nature of your relationship with the police department?

- Little to no contact
- Occasional contact around crime issues when incidents occur
- Regular, though sporadic, contact on crime issues and general community concerns
- Scheduled meetings or discussion at least once a month on crime and other community issues
- Weekly or bi-weekly contact on crime and other community issues – scheduled or informal

5. **Do you have a specific contact at your local police department with whom you speak?**  
 Yes  No

**If yes to #5: Please provide their name and title:**

**If no to #5: Is there anything specific that has stood in the way of your working with police?**

6. **Do you feel that a partnership between your organization and the police department extends beyond the officer you work with directly?**  
 Yes  No

**If so, how?**

7. **Do you meet with the police department during the process of planning for or developing new homes and/or commercial areas?**  
 Yes  No

**If yes to #7: At what point in the process do you meet with the police department? What do you discuss?**

8. **Has an interaction with police ever impacted your CDC's development agenda?**  
 Yes  No

**If yes, please explain:**

9. **If applicable, please briefly describe an example of a project or problem on which you have collaborated with police.** (Feel free to describe the role the police played, how you employed joint or separate resources, any particular successes you achieved and/or problems you encountered.)

10. **Have you worked with any of the following additional partners on safety-related issues?**

- Parole/Probation officers
- Codes enforcement
- District Attorney's office
- Other – describe:

11. **If so, what role did any of these other partners play in your work? What did you accomplish together?**

**12. Are you aware of whether your neighborhood is home to many former offenders? How do you see offender reentry issues affecting the neighborhood(s) you serve?**

**13. Does your organization provide housing or other services to people with criminal backgrounds? Please describe below:**

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	
Employment Services	<input type="checkbox"/>	<input type="checkbox"/>	
Other – describe:	<input type="checkbox"/>	<input type="checkbox"/>	