

BENICIA POLICE DEPARTMENT'S CITIZEN SURVEY

Please enter the date of your last interaction with the Police Department (month/day/year)?

Case Number / CAD Number (optional)

What was the primary reason (need) for your last interaction with the Police Department?

- Reporting a crime or incident
 - Victim of a crime
 - Received a citation
 - Attended a crime prevention workshop
 - Attended a community outreach event
 - Other (please describe)
-
-
-

Please rate the following aspects of service provided by the employees at the Police Department.

	Excellent	Good	Fair	Poor	Very Poor
Employees' demeanor	<input type="checkbox"/>				
Timeliness of response	<input type="checkbox"/>				
Telephone service/response	<input type="checkbox"/>				
Competency in handling issue	<input type="checkbox"/>				
Overall professionalism	<input type="checkbox"/>				
Timeliness of resolving issue	<input type="checkbox"/>				

Did you feel informed about the matter after speaking with the employee(s)?

Yes No

Please rate the overall job the Police Department does in providing services.

Excellent	Good	Fair	Poor	Very Poor
<input type="checkbox"/>				

What is your preferred method of communication with the Police Department?

In Person	Phone	Email	Mail	Website	Other (please specify)
<input type="checkbox"/>	_____				

How would you rate your overall feeling of safety and security within the City of Benicia?

Very Safe	Somewhat Safe	Somewhat Unsafe	Very Unsafe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any other concerns you have about crime and safety in the community.

What areas can the Benicia Police Department make improvements?

Name (optional)

Address (optional)

Telephone Number (optional)

Email Address (optional)

Male Female Age _____