

Dear Sir or Madam:

The Addison Police Department is concerned and interested in the opinions of persons having contact with Addison Police Department personnel. We need your help to provide the best services possible to all members of the community.

Based upon your contact with a member of the Addison Police Department, we hope you will take a couple of minutes to complete this two-page survey. Please return it in the enclosed, stamped and addressed envelope. Your input about our department is important, it helps us to continue in our efforts.

If you have any questions please call 543-3080. Thank you for cooperation in this project.

Sincerely,

Mike Simo
Deputy Chief of Police

Respondents to this survey will not be identified. However, we are interested in the following information for statistical measurement.

Age: Under 20 ___ 21-30 ___ 31-40 ___ 41-50 ___ 51-60 ___ Over 60 ___

Male ___ Female ___

Using a 1 through 5 scale, 1 being very poor and 5 being excellent, rate the Addison Police Department, in the following areas:	
How would you rate the overall performance of the police department?	_____
How safe do you feel walking alone in your neighborhood during the day?	_____
How safe do you feel walking alone in your neighborhood during the night?	_____
How safe do you feel walking alone in the business areas during the day?	_____
How safe do you feel walking alone in the business areas during the night?	_____

How would you describe your feelings of safety and security within the village?	_____
How would rate the overall competence of Addison Police employees?	_____

During the past 3 months, were you or anyone in your household the victim of a crime? Yes ___ No ___ Don't Know ___
If "yes", did you report all of these crimes to the police? Yes ___ No ___
During the past 12 months, were you or anyone in your household the victim of a crime? Yes ___ No ___ Don't Know ___
If "yes", did you report all of these crimes to the police? Yes ___ No ___

Using a 1 through 5 scale, rate the personnel you came in contact with. Leave blank if you had no contact.	Patrol Officer	Records Personnel	911 Dispatchers
Rate the person's attitude and behavior?			
Rate the person's helpfulness to solve the problem?			
Rate the person's professional courtesy and ability to put you at ease?			

The Addison Police Department presently coordinates the following programs. Please indicate your awareness of the programs listed:

Program	Aware of it	Had contact or involved with it
Gang Suppression Unit		
Community Oriented Policing/Permanently Assigned Neighborhood Officers		
D.A.R.E. Program		
Neighborhood Watch		
Bicycle Patrol		
Citizens Police Academies		
Henry Hyde Resource Center (HHRC)		
Student Participation Center (SPC) at Indian Trail Junior High School		
S.A.L.T. (Seniors and Law Enforcement Together)		
Stranger Danger/Child Safety Programs		
Junior and High School Liaison Officers		
Police Department Volunteer Program		
Bicycle Safety Presentations @ Schools		
Crime Free Multi-Housing Program		
<p>Have you visited AddisonPoliceIllinois.org? (circle one) yes no</p>		

RECOMMENDATIONS

Please provide recommendations or suggestions that will help us provide better service. In addition, list any specific programs or issues that have not been mentioned that you feel the Police Department should be aware of or involved in.

