

3. How do you feel about your personal safety and security while in the City of Newberry? (Check One)

Safe Fairly Safe Unsafe Very Unsafe

Comments on Safety: _____

4. What do you consider as the major crime issue in the City of Newberry affecting your level of safety and security?

- Burglaries
- Robberies
- Domestic Violence / Assaults
- Drug / Alcohol Related Incidents
- Property Destruction / Vandalism
- Juvenile Issues
- Traffic Enforcement
- Other _____

5 Which three(3) of the following police activities do you feel the Department should concentrate on or prioritize?

- Traffic Enforcement
- Investigating Crime
- Increase Patrol in high crime areas
- Residential/Business Checks
- Drug & Gang Enforcement
- Other (Please Specify) _____

6. Do you have any specific suggestions, recommendations, or ideas to improve the Newberry Police Department or to make the agency more effective?

7. Overall, how do you rate the agency's performance?

Excellent Good Fair Poor Doesn't Apply

8. Is there an officer you would like to commend for actions or professional conduct during an on-duty call for service?

Officer's Name: _____

Incident Date: _____

Feel Free to contact us if you would like to discuss questions on this survey or convey any thoughts you may have on what we could do to improve this questionnaire.

Phone: 803-321-1010

E-mail: police@cityofnewberry.com

Roy H. McClurkin
(Chief of Police)

Sgt. Robert "Mike" Hawkins
(Crime Prevention Officer)

www.cityofnewberry.com

NEWBERRY POLICE DEPARTMENT



Neighborhood & Business Questionnaire

Chief of Police

Roy H. McClurkin

1507 Nance Street

Newberry, SC 29108

803-321-1010

www.cityofnewberry.com

Citizen Survey

Dear Citizen of Newberry,

The Newberry City Police Department is committed to providing you with adequate and professional service. We are proud to be a part of the S.C. Law Enforcement Accreditation program which provides high standards to strengthen and improve our effectiveness. We will continue to seek ways to improve our services in order to increase the community's confidence and respect for our Department.

Please take a few moments to complete the Citizen Survey. The purpose of the survey is intended to evaluate and improve our service according to the community's needs. You may complete this survey form and return it to the Newberry Police Department, Attn: Sgt. Hawkins, 1507 Nance Street, Newberry, SC 29108.

Thank you for your time!

Newberry Police Department

Mission Statement

The mission of the Newberry Police Department is to work in a true partnership with the citizens of the City of Newberry to enhance the quality of life in our city, to preserve property, and to promote individual responsibility and community commitment. In accomplishing these goals, service will be our commitment. We are committed to making our community safer through a community policing philosophy with our citizens and other law enforcement agencies.

Date of Survey: ____/____/____

Name (Optional): _____

Sex: Male Female Age: ____

Business/Residence/Community Group:

Telephone (Optional): _____

Street Address: _____

1. Under what circumstances have you had contact with the Newberry Police Department in the last three (3) years? (Check all applicable)

Victim of a crime Witness of a crime

Traffic Stop Traffic Accident

Crime Prevention Contact

Foot Patrol Contact

Community Meeting Other: _____

2. What was your perception of the overall level of competence of the Newberry Police Department officer (s) or employee (s) with whom you had contact?

	Great	Good	Fair	Poor
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response Times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>