

Maldon District Community Safety Partnership Residents questionnaire

Please answer a few questions and share your comments on crime and anti-social behaviour within the Maldon District

Today's date

Q1 Which Town do you live in?

Q2 What are your main concerns where you live?

	No concern	Slight	Medium	High
Anti-social behaviour.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent Crime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Crime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Misuse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Misuse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speeding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

Q3 What do you think could be done to address your concerns? ie. awareness for elderly, diversionary activities for young, education

Q4 Do you feel safe where you live?

Yes all the time Only during the day..... Not at all

Q5 Overall do you feel the Maldon District is a safe place to live?

Yes.. No....

Q6 How do you prefer to receive information about your local community?

MDC website Local Magazine
 Social Media (Facebook or Twitter)... Leaflets / Posters.....
 Neighbourhood Watch.

Other

About you ...

It would be really helpful if you can tell us about yourself. By asking these questions it helps us to understand whether any groups in the District have particular views on Community Safety, for example, older or younger people, disabled people etc. This section also helps us to check that we are reaching all sections of the community with this survey.

This information will only be used for the analysis of this questionnaire, will be held confidentially and will not be shared with anyone else.

If you would prefer not to answer any of the following questions, please leave them blank.

Are you?

- Male.....
- Female
- Transgender

Which age group do you fall into?

- 18 or under
- 19-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 years and over

Do you consider yourself to have a disability?

- Yes
- No.....

What do you consider to be your ethnic origin?

- White British
- White Other
- Mixed.....
- Asian or Asian British.....
- Black or Black British
- Chinese
- Other

Are you?

- Heterosexual
- Bisexual.....
- Gay/Lesbian
- Prefer not to say

**Thank you
for completing this questionnaire**