



Bloomsburg Police Department CITIZEN FEEDBACK FORM INCIDENT & CALLS FOR SERVICE

Please take a moment to share your feelings and opinions on different aspects of your local police protection.

| ASSESSMENT CRITERIA | Agree | Disagree | Not Applicable |
|--|------------------------------------|-------------------------------|---|
| 1. Officer responded in a timely manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Officer appearance was professional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Officer was courteous and polite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Officer took steps to mitigate problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The issue was resolved to my satisfaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The officer showed concern while attempting to address my issue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The officer handled the incident in a professional manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. How do you rate the overall quality of life in Bloomsburg? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> Poor <input type="checkbox"/> |
| 9. How do you rate overall appearance of patrol vehicles? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> Poor <input type="checkbox"/> |
| 10. How do you rate overall visibility of police? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> Poor <input type="checkbox"/> |
| 11. If you have called the police in the past two (2) years how would you rate police service? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> Poor <input type="checkbox"/> |
| 12. How do you rate the overall quality of your neighborhood? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> Poor <input type="checkbox"/> |
| 13. Check which areas you would like to see police more involved in: | | | |
| <input type="checkbox"/> Foot Patrols in the Downtown | | | |
| <input type="checkbox"/> Bicycle Patrols Throughout Town | | | |
| <input type="checkbox"/> Community Policing Educational Based Programs | | | |
| <input type="checkbox"/> DARE Programs | | | |
| <input type="checkbox"/> Police in Schools (School Resource Officer) | | | |
| <input type="checkbox"/> Youth Based After School Programs, PAL (Police Athletic League) | | | |
| <input type="checkbox"/> Crime Watch, Business Watch – Neighborhood Watch Programs | | | |

_____ Crimes Against Elderly Programs

_____ Volunteers in Policing

_____ Ride Along Program

_____ Citizen Police Academy

IF KNOWN:

Officer Information

Name: _____
Last First Badge#

Shift: _____ Date of Call: _____ Call Location: _____

Complaint: _____ Type of Call: _____

Additional Comments:

Thank you for your input. All comments and criticism are important and will be reviewed and kept confidential. If you should have any questions or wish to speak to the Chief of Police, please call (570) 784-4155, ext. 168 or lsokoloski@bloomsburgpa.org.

Completed survey forms may be faxed to: (570) 784-3671 or mailed to:

Leo V. Sokoloski, Chief of Police
301 E. Second Street
Bloomsburg, PA 17815

If you wish to be contacted, please provide your name and telephone number below:

Name: _____

Telephone: _____