

# Community Safety Perception Survey Form

The **Community safety perception survey form** sample helps gather residents' views on local safety issues and concerns. This survey provides valuable insights to enhance public safety measures and build a secure environment. It is designed for easy participation and accurate data collection.

## Basic Information

Name (optional):

Age Group:

Area/Neighborhood of Residence:

## Perceptions of Safety

How safe do you feel in your neighborhood during the day?

- ☐ Very Safe  
☐ Somewhat Safe  
☐ Not Safe

How safe do you feel in your neighborhood at night?

- ☐ Very Safe  
☐ Somewhat Safe  
☐ Not Safe

What are your main safety concerns in your community? (check all that apply)

- ☐ Theft/Burglary  
☐ Vandalism  
☐ Traffic accidents  
☐ Drug activities  
☐ Violence/Assault  
☐ Other

What actions would you recommend to improve safety in your area?

Submit