

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?