



# Ocean Isle Beach Police Department

## Community Survey



*In a continuing effort to provide efficient and effective police service to our residents, the Ocean Isle Beach Police Department is providing YOU with this Community Survey. Inclusion of your name and address is optional. However, if you have any questions or concerns that need immediate attention please provide us with the necessary information. **All information will be kept confidential.***

*Thank you for your assistance!*

### **YOU MAY RETURN YOUR COMPLETED SURVEY TO THE POLICE DEPARTMENT IN PERSON, OR MAIL TO:**

*OIB Police Department, 3 West 3rd Street, Ocean Isle Beach, NC 28469*

<b>Personal Contact Information</b> <i>(optional)</i>	
Name	
Physical Address	
Mailing Address	
Telephone	
Email	

### The following questions are designed to get basic information about the person responding to this survey.

Please mark the appropriate corresponding box in each section.

<b>Age Group</b>	
14-17	
18-25	
26-36	
37-47	
48-59	
60-69	
Over 69	

<b>Gender</b>	
Male	
Female	

<b>Residence Status</b>	
Full-time	
Part-Time	

<b># of People in Household</b>

<b>Ethnicity</b>	
Asian	
American Indian	
Black	
Hispanic	
White	
Other	

<b># of Years in Community</b>

<b>Residence</b>	
Canal Street	
East 1st or 2nd	
East 3rd	
West 1st or 2nd	
West 3rd or 4th	
OIW BLVD	
Condos	
Other	

**The following questions are designed to obtain information about resident perception of the community.**

Please mark the most appropriate corresponding box in each section.

<b>Do you feel safe walking in your neighborhood during the daytime?</b>	
Very Safe	
Somewhat Safe	
Somewhat Unsafe	
Very Unsafe	

<b>Do you feel safe walking in your neighborhood at night?</b>	
Very Safe	
Somewhat Safe	
Somewhat Unsafe	
Very Unsafe	

<b>How would you rate your fear of becoming a victim in your neighborhood?</b>	
High	
Medium	
Low	
None	

<b>Were you a victim of a crime within the last two years?</b>	
Yes	
No	

**Describe your areas of concern. For each item listed, please indicate whether or not you believe that the stated problem is: MAJOR, MINOR, or NO PROBLEM.**

<b>ISSUE</b>	<b>MAJOR PROBLEM</b>	<b>MINOR PROBLEM</b>	<b>NO PROBLEM</b>
Public Drinking			
Youth Loitering			
Neighbor Disputes			
Vandalism			
Home Burglary			
General Theft			
Motor Vehicle Theft			
Violent Street Crime			
Drug Use			
Drug Dealing			
Traffic Violations			
Unsupervised Children			
Loud Music/Disturbance			
Domestic Violence			

**The following questions are designed to obtain information about resident perception of the community.**

Please mark the most appropriate corresponding box in each section.

<b>How would you rate the crime frequency in your neighborhood?</b>	
Major Problem	
Minor Problem	
No Problem	

<b>In the past, do you feel that crime in your neighborhood has:</b>	
Increased	
Stayed the same	
Decreased	

**The following questions are designed to obtain Resident’s perspective regarding Police performance.**

Please mark the box that best corresponds with your answer.

<b>How do you rate the performance of the Ocean Isle Beach Police Department?</b>	
Excellent	
Good	
Fair	
Poor	

<b>What kind of interaction have you had with the Ocean Isle Police Department? (Check all that apply)</b>	
Traffic Enforcement	
Crime/Victim Report	
Disabled Vehicle	
Traffic Accident	
Witness	
None	
Other	

<b>Is OIB Police presence visible in your neighborhood?</b>	
Yes	
No	

<b>Question</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Don't Know</b>
How do you rate the attitude and behavior of the Police Officers in Ocean Isle Beach?					
How do you rate the management of the Police Dept. in its ability to address the needs of the community?					
What is your opinion of the relationship between the residents of Ocean Isle Beach and the Police Dept.?					

**Please use the back of this page to provide any additional information, questions, or concerns you may wish to share with us.**  
**Your feedback is very important to us! Thank you for your participation!**

