

WHO'S AFRAID?

Part of the Scrutiny of Community Safety is an assessment of the risks faced by elected members and staff in carrying out their duties but also an assessment of how concerned they are about being a victim of crime.

It would help us greatly if you could complete the questionnaire below so we can identify areas for improvement. You can remain anonymous if you wish and of course use IN TOUCH to report anything of a sensitive or confidential nature. (0808 1005689 access code (92732#)).

ABOUT YOU AND YOUR WORK

1. Name (optional)
2. Elected Member ☐ Officer ☐
3. If an Officer what Business Unit

Chief Executive'	<input type="checkbox"/>
Corporate Personnel	<input type="checkbox"/>
Council Tax	<input type="checkbox"/>
Environmental Health	<input type="checkbox"/>
Finance	<input type="checkbox"/>
Housing	<input type="checkbox"/>
ICT	<input type="checkbox"/>
Legal	<input type="checkbox"/>
Leisure & Amenities	<input type="checkbox"/>
Members Services	<input type="checkbox"/>
Planning & Engineering	<input type="checkbox"/>
Policy & Performance	<input type="checkbox"/>
Property Services	<input type="checkbox"/>
4. If an Officer Where is your place of work?.....
5. Male ☐ Female ☐
6. Age 18-25 ☐ 26-40 ☐ 41-50 ☐ 51-60 ☐ 61+ ☐
7. Years of service with this Authority
8. How do you travel to work?
9. Do you travel alone?

10. If you travel by car where do you park?
11. Do you use your car for your work?
12. Do you use a mobile phone as part of your job?
13. Do you carry a personal alarm?
14. Do you work unsocial hours?

YOUR EXPERIENCES OF CRIME IN WORK TIME

15. Have you been a victim of crime whilst at work carrying out your duties? Yes ☐ No ☐

If yes, please answer questions 15 – 23
If no, go to question 24

16. Please detail the nature of the crime(s) eg, theft of money, theft of property, vandalism, assault etc.

Incident	Year.....
Incident	Year.....
Incident	Year.....
Incident	Year.....
Incident	Year.....
Incident	Year.....
Incident	Year.....

17. Were you in receipt of any training to help you with this situation?

If so, please detail

18. Did you report the incident Yes ☐ No ☐

If yes, answer questions 18, 19 and 20
If no, go to question 21

19. Who did you report this to?

Line Manager	<input type="checkbox"/>
Union Representative	<input type="checkbox"/>
Head of Business Unit	<input type="checkbox"/>
Corporate Personnel	<input type="checkbox"/>
Health & Safety Officer	<input type="checkbox"/>
Other	<input type="checkbox"/>

20. If you did report the incident how would you assess the support you received?

Very good

Good

OK

Not very good

Poor

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21. What did the Authority do to prevent this happening again?

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22. What could the Authority do to prevent this happening again?

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23. What did you do to prevent this happening again?

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24. What could you do to prevent this happening again?

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25. Have you been in a situation where you felt at risk of being a victim of crime?

Yes ☐ No ☐

If yes, please answer questions 25 – 30

If no, please go to question 31

26. Please detail the circumstances.....

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27. Were you in receipt of any training to help you deal with this situation? If so, please detail

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28. Did you report the incident Yes ☐ No ☐

If yes, answer 28, 29 and 30

If no, go to question 31

29. Who did you report this to?

Line Manager ☐
Union Representative ☐
Head of Business Unit ☐
Corporate Personnel ☐
Health & Safety Officer ☐
Other ☐

30. If you did report the incident how would you assess the support you received?

Very good	Good	OK	Not very good	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. What did the Authority do to prevent this happening again?

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32. What could the Authority do to prevent this happening again?

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33. What did you do to prevent this happening again?

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34. What could you do to prevent this happening again?

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35. HOW CONCERNED ARE YOU ABOUT BEING A VICTIM OF CRIME?

	Very	Fairly	Not very	Not at all	Don't know
Travelling to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking your car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In your own work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Town Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other areas of Riverside House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please name other area					
In the car park at Riverside House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling between places of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting new places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting specific places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please name					
Visiting specific people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please name (optional)					

CAN YOU IDENTIFY WHAT IT IS THAT MAKES YOU CONCERNED?

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CAN YOU IDENTIFY WHAT THE AUTHORITY COULD DO TO HELP YOU FEEL SAFER?

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MANY THANKS FOR COMPLETING THIS QUESTIONNAIRE. THE RESULTS AND PROPOSED IMPROVEMENTS WILL BE POSTED ON THE INTRANET.

Please return to: Pete Cutts

