

## IMPROVING NEIGHBOURHOODS AND REDUCING CRIME

Please take a few minutes to complete this questionnaire to give us a better understanding of any crime and anti-social behaviour problems which you may be experiencing in your local area.

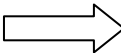
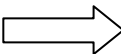
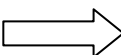
Name

Address

Telephone number

Please be assured that your contact details will be held by Slough Borough Council and will not be passed to any third parties.

**1. Do you think there is a problem with crime and anti-social behaviour in your local area?** (please ✓ appropriate box)

- Yes       Please go to question 2
- Don't know       Please go to question 2
- No       Please go to question 4

Please note: even if you do not feel there is a problem with crime and anti-social behaviour in your local area we are still keen to receive your feedback.

**Please turn over for question 2**



**2 CONTINUED:**

Locations	Type of Anti-Social Behaviour/Criminal Activity										
	Arson	Criminal damage / vandalism	Drinking (alcohol)	Drug Taking/ Drug Dealing	Fly tipping	Graffiti	Groups congregating	Littering	Noise	Prostitution	Other (detail at bottom of page)
<b>Outside local amenities</b>											
Outside shops on Grasmere Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside BP Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Golden Cross Pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>											
Please provide details in the box below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Please tick any actions you feel would help to alleviate the problems you have identified in question two (please ✓ all that apply).**

Increased Police visibility

Increased visibility of Community Wardens

Increased CCTV cameras

Improving lighting

Alley gating (closing alleyways to the public)

Other (please provide further details)

**4. Thinking about your local area, how much of a problem do you think the following are... (Please ✓ appropriate box)**

	<b>Not a problem at all</b>	<b>Not a very big problem</b>	<b>A fairly big problem</b>	<b>A very big problem</b>	<b>Don't know</b>
Parents not taking responsibility for the behaviour of their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People not treating other people with respect / consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy neighbours or loud parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers hanging around on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish or litter lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism, graffiti or other deliberate damage to property or vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being drunk or rowdy in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned or burnt out cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Misuse of off road motorbikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**5. Additional Comments** - Please use the space provided for any additional comments or suggestions for projects that may make you feel safer in the area where you live (please continue on a separate sheet if necessary).

# Equalities Monitoring Form

Slough Borough Council wants to deliver high quality services to everyone, whatever their background. It is also important that everyone feels their views are valued and included.

**You are not required to complete any of these sections**, but telling us about your background will help us to make sure that we are meeting the needs of all our communities. If you feel that the group you identify with is not listed, please feel free to write this in. All responses will be treated in confidence.

**Gender**                      Male       Female

**Age**                      Under 18 years                            50-59                        
                                 18-29                                            60-69                        
                                 30-39                                            70 +                        
                                 40-49                     

## Your ethnic background/origin:

### White

British                                                
Irish                                                   
Any other White background (please specify)  
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### Mixed

White and Black Caribbean                        
White and Black African                           
White and Asian                                       
Any other mixed background (Please specify)  
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### Asian or British Asian

Indian                                                   
Pakistani                                                
Bangladeshi                                           
Sikh                                                       
Any other Asian background (please specify)  
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### Black or Black British

Caribbean                                           
African                                                  
Any other Black background (Please specify)  
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### Chinese or other ethnic group

Chinese                                              

Any other background (Please specify)  
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Religion and Belief

- |           |                          |        |                          |
|-----------|--------------------------|--------|--------------------------|
| None      | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Buddhist  | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Sikh   | <input type="checkbox"/> |
| Hindu     | <input type="checkbox"/> |        |                          |

Any other religion (Please specify)

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Do you consider yourself to have a disability?                      Yes                       No

What do we mean by a disability?

The Disability Discrimination Act defines disability as a physical or mental impairment with long- term, substantial effects on ability to perform day to day activities.

Examples of Disabilities - The following conditions or impairments are given as a guide only and are not meant to be exclusive:

Hearing, speech or visual impairments (if you wear glasses or contact lenses this is not normally considered a disability)

Co-ordination, dexterity or mobility (e.g. polio, spinal cord injury, back problems, repetitive strain injury)

Mental health (e.g. schizophrenia, depression, severe phobias)

Speech Impairment (e.g. stammering)

Learning Disabilities (e.g. Down's syndrome)

Other physical or medical conditions (e.g. diabetes, epilepsy, arthritis, cardiovascular conditions, haemophilia, asthma, cancer, facial disfigurement, sickle cell, dyslexia)

Sexual Orientation

- |                   |                          |                       |                          |
|-------------------|--------------------------|-----------------------|--------------------------|
| Bisexual          | <input type="checkbox"/> | Heterosexual/Straight | <input type="checkbox"/> |
| Gay Man           | <input type="checkbox"/> | Other                 | <input type="checkbox"/> |
| Gay Woman/Lesbian | <input type="checkbox"/> | Prefer Not to Say     | <input type="checkbox"/> |

Thank you for taking the time to complete these questions. Your responses will help us to ensure Slough Borough Council provides services which are accessible to all of Slough's communities.