



BLOOMFIELD POLICE DEPARTMENT

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Community Survey

The Department's Mission Statement:

The Bloomfield Police Department is committed to improving the quality of life for all people in our community by developing community-oriented partnerships to prevent crime, uphold the law, and provide a safe and secure place to live, work and visit.

Your opinions will help guide the Department in its efforts to meet its goals. Based on your experiences/perceptions, please rate the following statements by checking the appropriate box using the scale shown.

Rating Scale

0 – Not Applicable **1 - Strongly Disagree** **2 - Disagree** **3 – Neutral** **4 - Agree** **5 - Strongly Agree**

Statements:

Rating:

1. Bloomfield Police Officers fulfill the goals of their mission statement.
2. I feel safe in the Town of Bloomfield.
3. I feel comfortable approaching Bloomfield Police Officers.
4. Bloomfield Police Officers handle situations with honesty and integrity.
5. Bloomfield Police Officers display a professional appearance and demeanor.
6. Bloomfield Police Officers are courteous and fair while interacting with the public.
7. Bloomfield Police Officers are attentive to citizens' needs and are competent while addressing them.
8. Bloomfield Police Officers respectfully serve the people fairly and objectively within the diverse community of Bloomfield.
9. Bloomfield Police Officers communicate in a clear and concise manner.
10. Bloomfield Police Officers listen and accurately document incidents.
11. Bloomfield Police Officers clearly explained the investigative process to me.
12. After being in contact with the Bloomfield Police Department, I am more likely to report a future incident than before.

Bloomfield Police Department

Please give us your considered answers to the following questions:

1. Which **three** of the following crimes are of greatest concern to you within your community?

Larceny <input type="checkbox"/>	Drugs <input type="checkbox"/>	Juvenile Crime <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>
Burglary <input type="checkbox"/>	Assault <input type="checkbox"/>	Sexual Assault <input type="checkbox"/>	Noise Complaints <input type="checkbox"/>
Arson <input type="checkbox"/>	Vandalism <input type="checkbox"/>	ID Theft/Fraud <input type="checkbox"/>	Vehicle Traffic Offenses <input type="checkbox"/>

2. Which public safety services are most important to you?

Criminal Investigations <input type="checkbox"/>	Traffic Enforcement <input type="checkbox"/>	Traffic Collision Investigations <input type="checkbox"/>
School Resource Officers <input type="checkbox"/>	Medical Response <input type="checkbox"/>	Community Service Function <input type="checkbox"/>

3. What is the most significant crime in your specific neighborhood?

4. Considering the following programs carried out by the Bloomfield Police Department:

Program	Are you aware of it?	Have you used it?		Yes	No
		Yes	No		
Prescription Drug Drop Box			Deposited Drugs?		
Citizens' Police Academy			Attended CPA?		
Child safety seat installation check/assistance			Safety Seat Help?		
Bloomfield Police Explorers			Participated?		
Neighborhood Block Watch Meetings			Participated?		

5. What is your overall impression of the performance of the Bloomfield Police Department?

17. Would you consider a career in law enforcement? Why?

19. Would you recommend to someone else a career in law enforcement? Why?

21. What do you think the BPD can do to make its recruitment process more inclusive of potential candidates?

22. What is your overall impression of the performance of the Bloomfield Police Department?

23. Please add any additional comments, suggestions, or recommendations that you may have for improvement in the way the Department operates.

Bloomfield Police Department

Please add any additional comments, suggestions or recommendations you may have for improvement.

Demographics (This portion of the survey is Optional, but the information, if you choose to provide it, will help the Department to evaluate its service.)

Race: _____ Ethnicity: _____ Age: _____ Gender: _____

Relationship to the Town of Bloomfield: (Check all that apply.)

Resident Business Owner Commuter Work in Bloomfield Other: _____

How many contacts have you had with the Bloomfield Police Department **within the last three years?**

None 1-2 3-5 6-8 9 plus

Reason for police contact:
