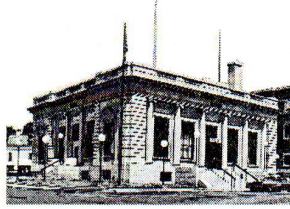


RAMON BETHENCOURT JR.
CHIEF OF POLICE



TELEPHONE
845-343-3151
FAX NUMBER
845-343-2660

CITY OF MIDDLETOWN POLICE DEPARTMENT

2 JAMES STREET
MIDDLETOWN, NEW YORK 10940
ESTABLISHED 1888

The City of Middletown Police Department recently adopted three words to symbolize our mission to provide the residents of Middletown with the most professional service possible. Those words are: **Honesty, Integrity, and Commitment.** We take great pride in the work that we perform, protecting and serving our community. In an effort to grow and develop new and better ways to serve you and your family, we would like to hear what you think about the job that we are doing. We kindly ask that you complete the following survey and return it to the Police Department in the enclosed envelope. Please provide us with any comments or suggestions you may have regarding ways to improve our service. Thank you in advance for your assistance and support!

- 1) Using the scale located on the right portion of the page, how do you rate the following categories, as it relates to the City of Middletown Police Department (check one):

	Excellent	Good	Fair	Poor	Very Poor
Visibility (i.e. how often you see our patrols.)					
Safety in the Community					
Professionalism of Police Officers					
Fairness/Ability to Remain Unbiased					
Problem-Solving Abilities of Police Officers					
Courtesy of Police Officers					
Uniform Appearance of Police Officers					
Response Time of Police Officers					
Ability of Police Officers to Address Community Concerns					
Ability of Police Officers to Communicate Effectively					
Your Overall Opinion of the Police Department					

- 2) In the last year, have you had contact with the City of Middletown Police Department? If so, what was the reason for your contact? Check all that apply:

<input type="checkbox"/>	Victim of a crime
<input type="checkbox"/>	Witness of a crime or incident
<input type="checkbox"/>	Suspect in a crime
<input type="checkbox"/>	Traffic Stop
<input type="checkbox"/>	Parking Citation
<input type="checkbox"/>	Fingerprint Services
<input type="checkbox"/>	Notary Public Services
<input type="checkbox"/>	Involved in a Motor Vehicle Accident

<input type="checkbox"/>	General Interaction
<input type="checkbox"/>	Community Event
<input type="checkbox"/>	Car Seat Inspection
<input type="checkbox"/>	Taxi Application
<input type="checkbox"/>	Other (Please Specify) _____

3) Have you had contact with any member of the City of Middletown Police Department over the past year?

Check all that apply:

<input type="checkbox"/>	Police Officer
<input type="checkbox"/>	Police Dispatcher
<input type="checkbox"/>	Detective
<input type="checkbox"/>	Police Supervisor (Sergeant / Lieutenant)
<input type="checkbox"/>	Civilian Support Staff
<input type="checkbox"/>	Other (Please Specify) _____

4) In what manner did you have contact with the police personnel described above? Check all that apply:

<input type="checkbox"/>	Telephone by Calling 343-3151
<input type="checkbox"/>	Telephone by Calling 911
<input type="checkbox"/>	In-person at the Police Department
<input type="checkbox"/>	In-person out in the community
<input type="checkbox"/>	E-mail
<input type="checkbox"/>	Letter
<input type="checkbox"/>	Other (Please Specify) _____

5) Using the numbers 1-10, Please rate the importance of the following service priorities. (1= High Priority, 10=Low Priority)

<input type="checkbox"/>	Emergency Response to Crimes in Progress / Motor Vehicle Accidents/ Medical Emergencies
<input type="checkbox"/>	Criminal Investigations (Major Crimes, Evidence Collection)
<input type="checkbox"/>	Proactive Vehicle Patrols
<input type="checkbox"/>	Proactive Community Foot Patrols
<input type="checkbox"/>	City Code Enforcement
<input type="checkbox"/>	Police Records Management
<input type="checkbox"/>	Vehicle and Traffic Enforcement
<input type="checkbox"/>	Narcotics (Drug) Enforcement
<input type="checkbox"/>	Juvenile Aid Bureau (D.A.R.E., School Resource Officers, Youth Activities)

About You (Optional)

Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

May we contact you?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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6) Compared to three years ago, how safe do you feel in the City of Middletown today?

Much Safer	Somewhat Safer	Neither more or less safe	Somewhat less safe	Much less Safe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) What do you feel is the most significant problem facing the City of Middletown today?

8) What suggestions or recommendations do you have to improve the service that the City of Middletown Police Department provide?

Please submit by mail to:

**City of Middletown Police Department
 Attention: Lt. Ewanciw
 2 James St.
 Middletown, NY 10940**