



## DOWNTOWN CHAPEL HILL PUBLIC SAFETY SURVEY FOR BUSINESS OWNERS & OPERATORS

**FALL 2006**

This survey is intended to gauge safety and perceptions of safety in the Downtown community in order to better serve Downtown. With the results of this survey, the Downtown Partnership and the Police Department hope to be able to provide more effective policies and coverage.

What kind of business do you operate?

- ☐ Restaurant
- ☐ Bar/Club
- ☐ Retail
- ☐ Professional Office
- ☐ Other \_\_\_\_\_

Where is your business located?

- ☐ East End: Hillsborough Street to Columbia Street
- ☐ Midtown: Columbia Street to Mallette Street; on Rosemary St. – Columbia Street to Breadman's
- ☐ West End: Mallette Street to Merritt Mill Road; on Rosemary St. - Breadman's to Merritt Mill

In a typical month in 2006, how often would you estimate your business was the victim of the below crime? How often was it reported?

Issue	Number of Occurrences	Reported: Always, Most of the time, sometimes, rarely, never
Break-in after business hours		
Robbery or attempted robbery during business hours		
Motor vehicle theft or attempted motor vehicle theft		
Assault with a gun, knife, or other weapon		
Assault or fighting using fists, feet, or other		
Sexual assault or attempted sexual assault		
An employee robbing, assaulting, or threatening another employee or customer		
Vandalism		

Please indicate your agreement with the following statements.

Issue	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I believe law enforcement does a good job policing Downtown as a whole.					
I believe law enforcement provides even and equal coverage of most areas of Downtown.					
In the past year, Downtown safety has improved.					
In the past year, safety issues have caused my business to make changes in operating hours or other procedures.					
Customers often complain regarding panhandling or the homeless					
I feel that my business is a safe destination at any time of day.					
I feel that my business is a safe destination at certain times of day.					

Please indicate how many times your business has been in contact with a police officer in the past month:

Number of Times	Type of Contact
	Casual conversation with a police officer
	Questioned by a police officer
	Police officer responding to a call
	Reported a crime to the police
	Participation in a survey given by the police department
	Asked a police officer for information
	Security training by police
	Participated in a community activity that involved the police
	No contact with the police
	Other: _____

Which of the following do you consider to be the top five (5) problems in Downtown? (Please rank with numbers 1 through 5, with 1 being the most serious issue.)

Rank Top 1 to 5	Issue
	Shoplifting
	Pick-pocketing/Purse-snatching
	Muggings/Hold ups
	Motor vehicle break-ins/Vandalism
	Motor vehicle theft
	Drug trafficking
	Stores being broken into at night
	Stores being held up (during the day)
	Panhandling or loitering
	Vandalism
	Employee Theft
	Alcohol-related offenses

**Do you leave lights on at your business to deter crime?**

**Exterior Lighting**

- ☐ No  
☐ Yes

**Interior Lighting**

- ☐ No  
☐ Yes

**Does your business have an alarm system?**

- ☐ No  
☐ Yes

**Does your business have private security on the premises?**

- ☐ No  
☐ Yes

**When does your business most need security on the premises?**

**How would you ideally be in contact with the Chapel Hill Police Department? (cell phone, pager, two-way, 911, etc.)**

- ☐ Cell Phone
- ☐ Pager
- ☐ Two-Way Radio
- ☐ 911
- ☐ Other: \_\_\_\_\_

**Are you and your employees knowledgeable and comfortable about using 911 in emergency and non-emergency situations?**

- ☐ No
- ☐ Yes

**Are you sure that the police have your business' after-hour contact number in case of emergency?**

To provide this information, business owners should sign an *Agent to Act* release form that allows the Police Department to act in your absence. See [www.downtownchapelhill.com](http://www.downtownchapelhill.com) under Development/Safety.

- ☐ No
- ☐ Yes

**Please provide any additional comments you may have in regard to specific questions or issues not mentioned above.**

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**Optional Information**

Completing the information below may help the Downtown Partnership and the Chapel Hill Police Department in analyzing the safety needs of your business in Downtown. You may choose to remain anonymous.

Name \_\_\_\_\_

Name of Business(es) \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

After-hours Emergency Telephone \_\_\_\_\_

Would you like to be contacted by the Downtown Partnership or the Police Department to discuss safety at your business?

- ☐ No
- ☐ Yes