



Neighborhood Pride Assessment Survey

Attendees of October's Neighborhood Public Safety Meeting suggested that residents complete the attached Neighborhood Pride Assessment Survey in order to identify and address issues in the neighborhood. ACCA's Safety Committee will collect the responses of the survey and present the identified issues at an upcoming Neighborhood Public Safety Meeting. Attendees of the meeting will work with the Police to develop action plans for solving the identified issues.

Please fill out the attached survey and email it to safety@accapgh.org, drop it off at the front desk of Carnegie Library on Federal Street, or bring it to the ACCA General Membership Meeting on Monday, November 10 at 7:00pm at 1400 Buena Vista Street. Alternatively, you may fill out the survey online at:

www.alleghenycitycentral.org/neighborhood-pride-assessment-survey/

The deadline for submittals is December 15. You may submit the survey as many times as you like. Surveys may be submitted anonymously and responses will be kept confidential.

Neighborhood Safety Survey

What problems are occurring in your community? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> abandoned vehicles | <input type="checkbox"/> gang activity |
| <input type="checkbox"/> urinating in public | <input type="checkbox"/> shots fired |
| <input type="checkbox"/> drugs | <input type="checkbox"/> loitering |
| <input type="checkbox"/> unsecured doors | <input type="checkbox"/> over grown weeds |
| <input type="checkbox"/> prostitution | <input type="checkbox"/> illegal dumping |
| <input type="checkbox"/> loud music or noise | <input type="checkbox"/> traffic complaints |
| <input type="checkbox"/> lighting | <input type="checkbox"/> trash |
| <input type="checkbox"/> graffiti | <input type="checkbox"/> aggressive dogs |
| <input type="checkbox"/> individual referral | <input type="checkbox"/> other |

Please provide the following information regarding when and where the problem occur. Please be very specific.

Dates: _____

Times of Day: _____

Days of Week: _____

Addresses and/or blocks where problems are occurring:

How do you feel the problems can be corrected? Please consider solutions other than “more police presence.” Include community resources available to address concerns.

How long have you lived in Allegheny City Central?

- less than 5 years
- 5-10 years
- 11-15 years
- more than 15 years

How fearful are you about crime in Allegheny City Central?

- very fearful
- somewhat fearful
- not very fearful
- not at all fearful

How have your fears about crime in the community changed over the last 12 months?

- increased
- decreased
- stayed the same

Have you changed your daily activities due to fear of crime in Allegheny City Central? Check all that apply.

- I avoid the parks in and around the community
- I avoid groups of teenagers
- I avoid leaving my apartment/home at night
- I have not changed my behavior due to fear

Please describe, in detail, what types of services you believe are needed in the community:

Optionally provide your name and contact information. Information is kept confidential.

Name: _____

Address: _____

Contact Information: _____