

## AREAS OF CONCERN IN YOUR NEIGHBOURHOOD

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_



### Concerns of Neighborhood (Please choose all that apply)

- A) Mischief (graffiti, property damage etc.)
- B) Trouble with youth in community (Loitering etc.)
- C) Drug or Alcohol Issues (Smoking marijuana in catwalks, drinking in parks)
- D) Traffic Concerns (Speeding on a specific street)
- E) Noise Complaints
- F) Other (Please specify):  
\_\_\_\_\_

It is important to answer the next questions with as much detail and accuracy as possible.

### Locations of Occurrences:

### Times:

### Details Surrounding:

### Possible Suspects and Descriptions

On a scale of 1 to 10 how severe is this issue? (1 being the lowest and 10 being highest.)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_  
Least Moderate Very  
Severe Severity Severe