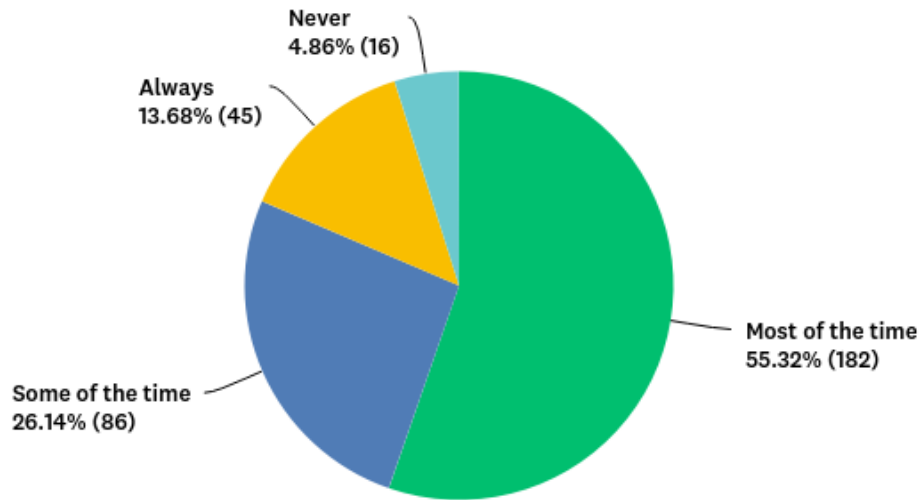
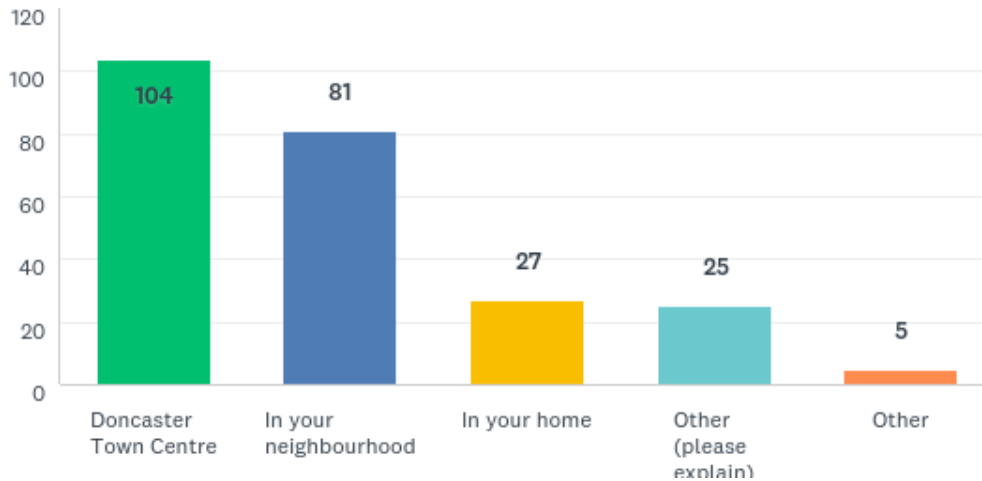


Appendix A - Community Consultation Findings Summary

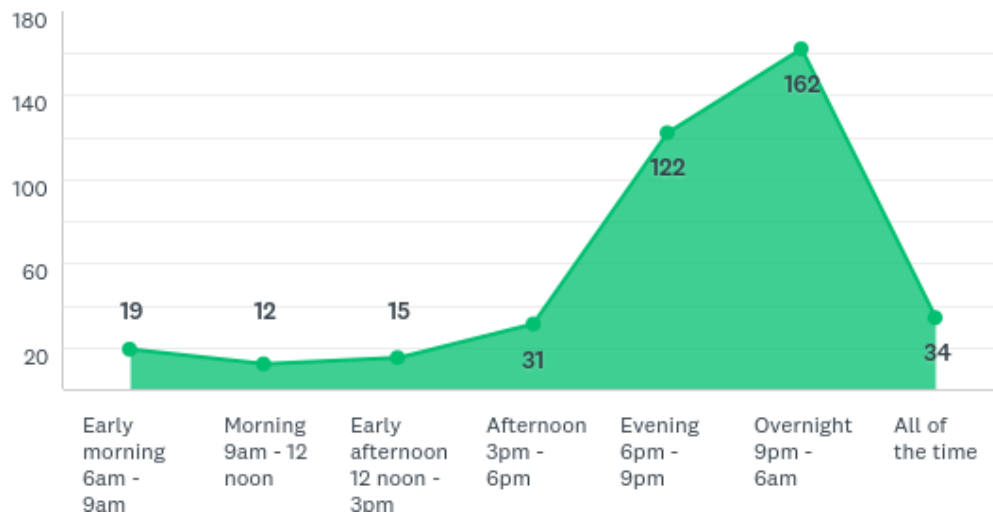
Question 1: Overall, do you feel safe living in Doncaster?



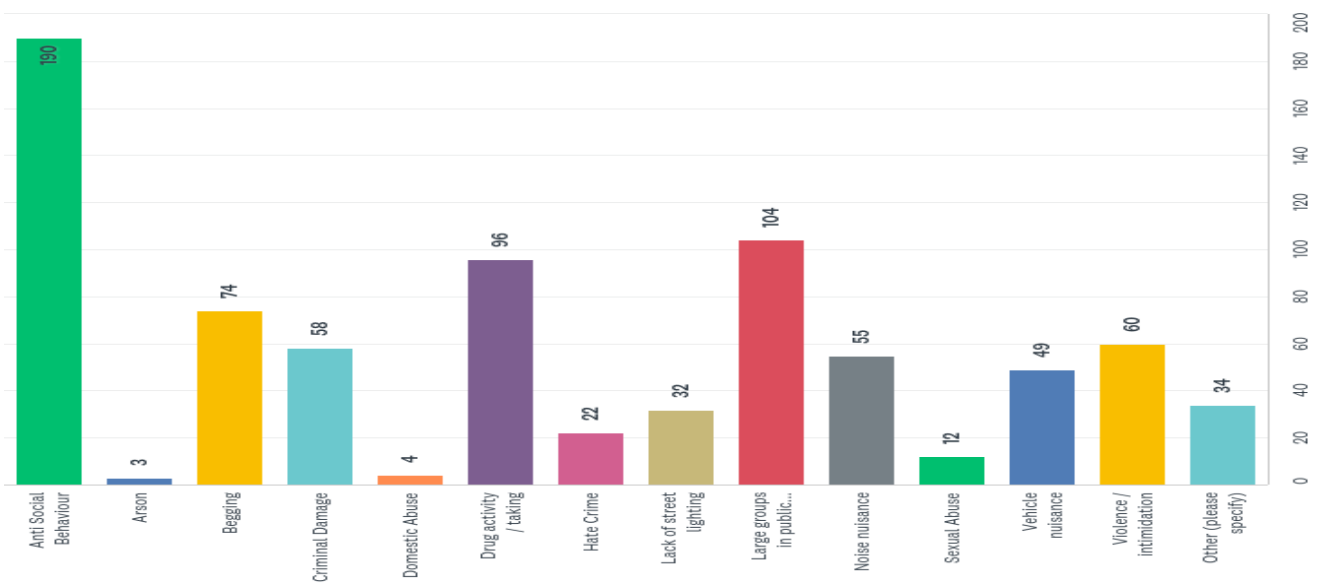
Question 2: If you answered 'some of the time' or 'never' where do you feel unsafe (tick as many as apply)



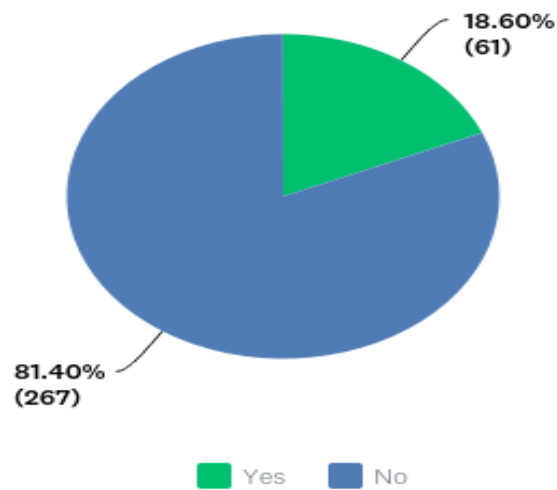
Question 3: What time of day do you feel most unsafe?



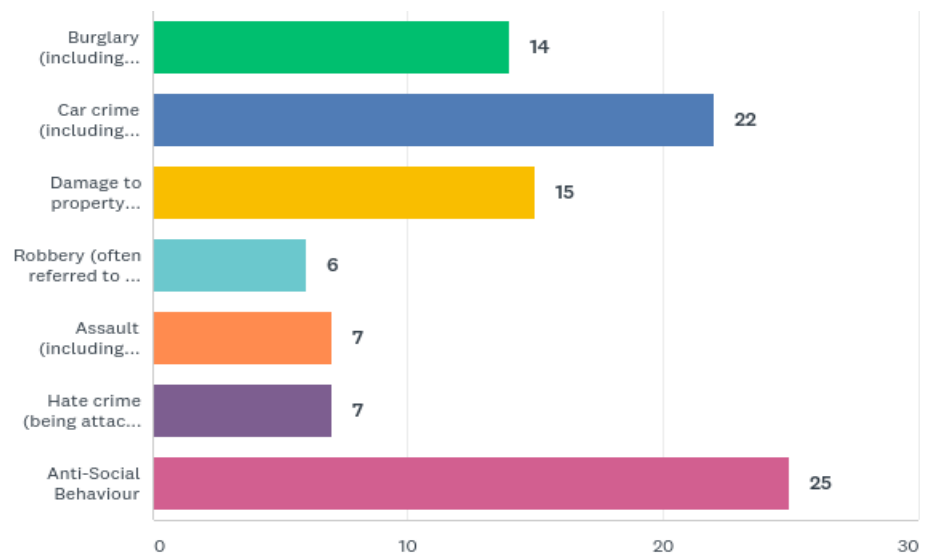
Question 4: What is the reason you feel unsafe at this time/place?



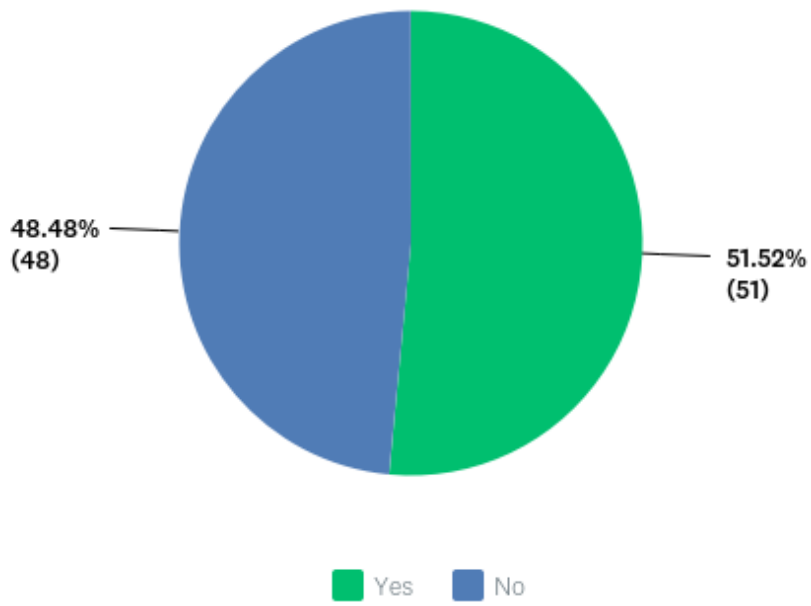
Question 5: Have you personally been a victim of crime in the last 12 months?



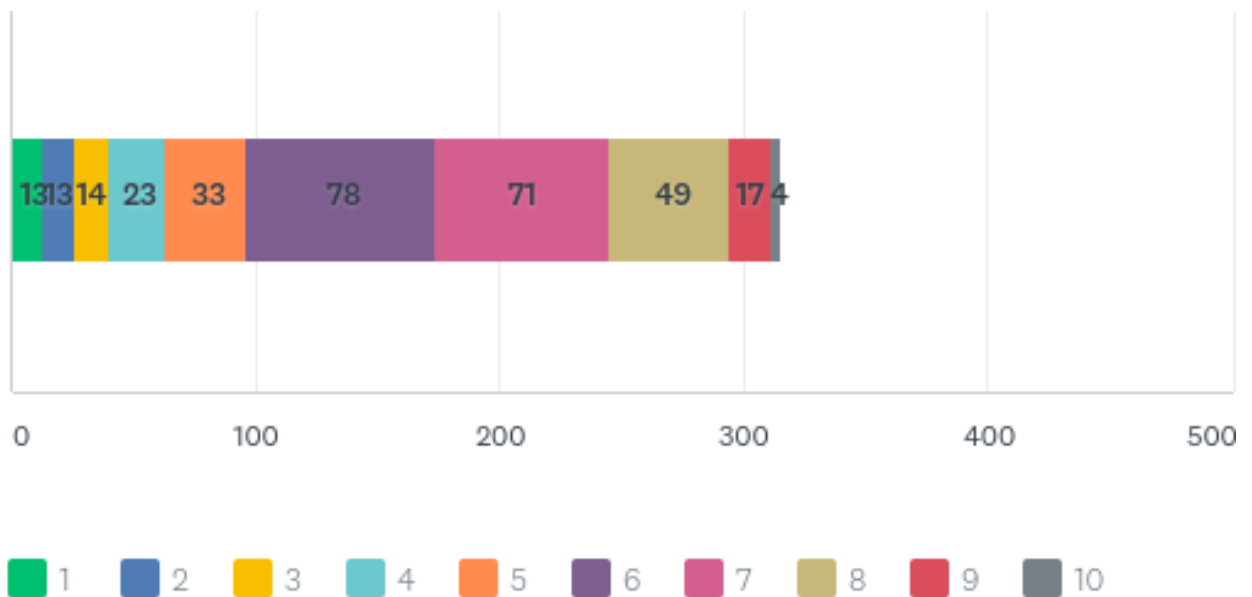
Question 6: If you answered 'yes', what type of crime was this? (Tick as many as apply)



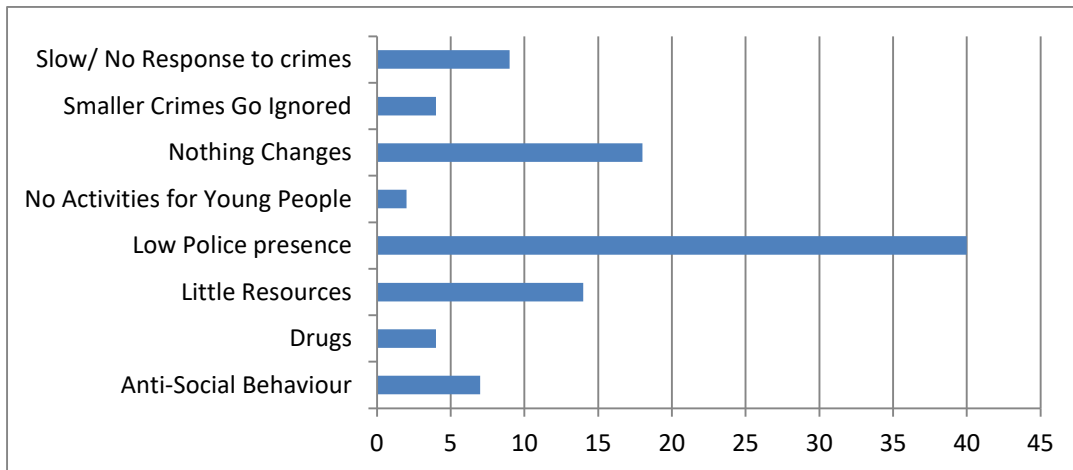
Question 7: Did you report this crime/ Anti-social behaviour to the Police?



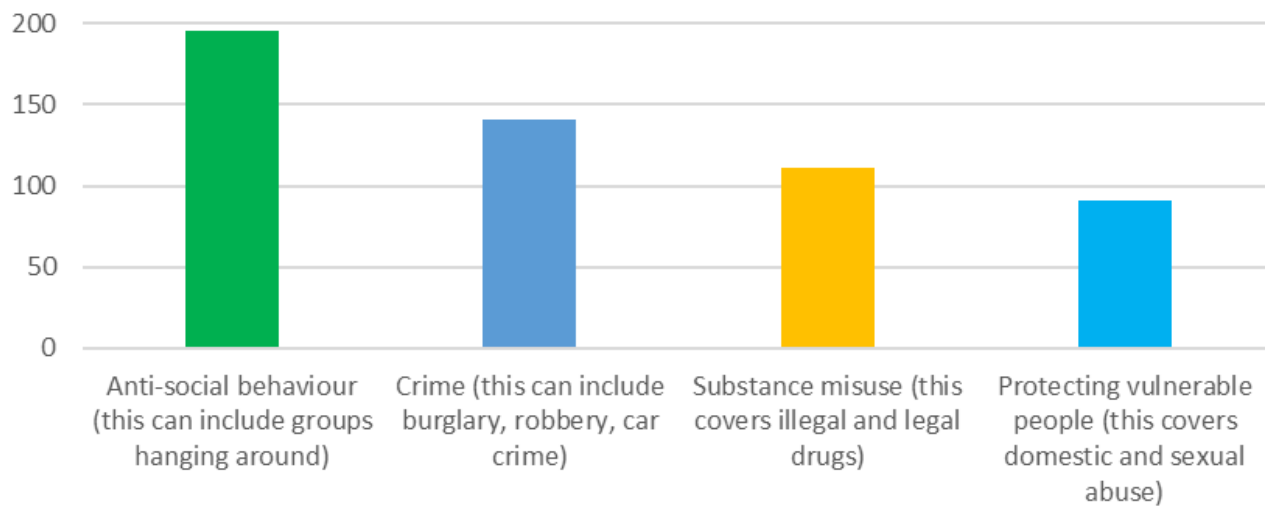
Question 8: On a scale of 1 – 10 with 1 being the lowest and 10 the highest please rate how effective do you think agencies are in tackling crime and disorder in Doncaster?



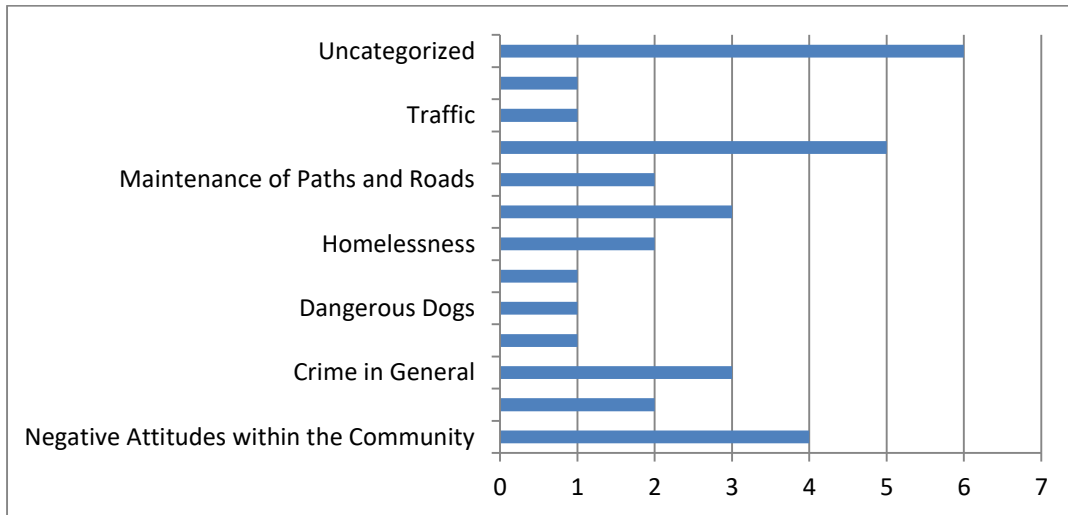
Question 9: If you have scored 5 or below please explain why



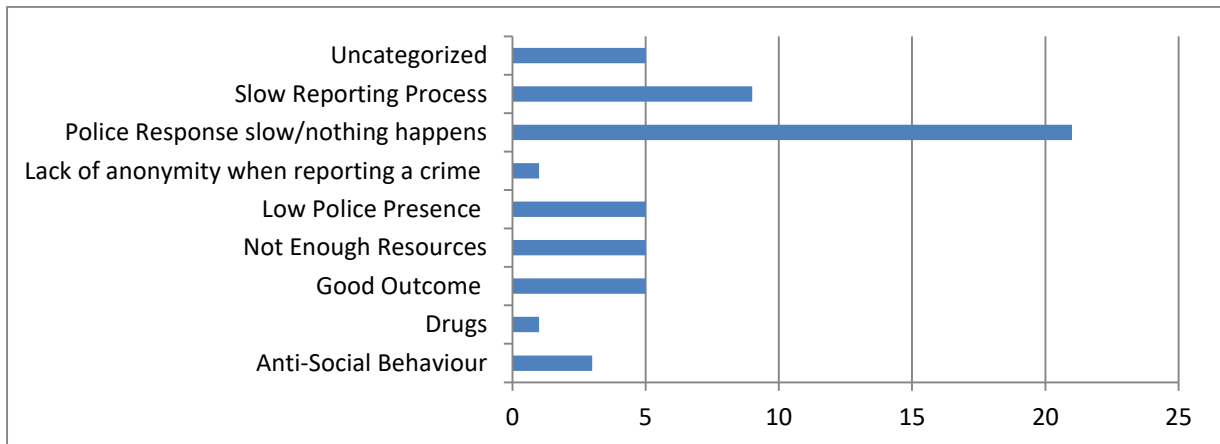
Question 10: Which, if any, of our existing priorities are of most concern to you?



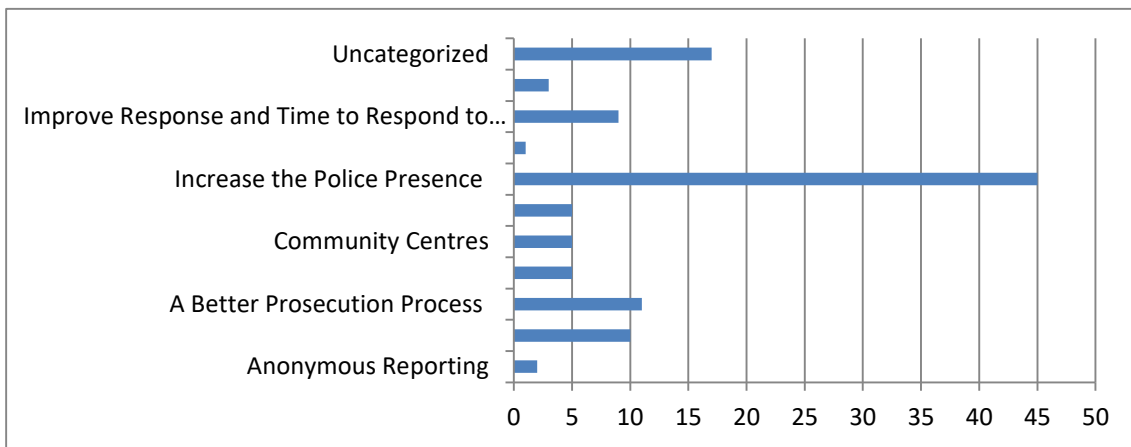
Question 11: If you are most concerned about something different than the priorities above, please explain what this is?



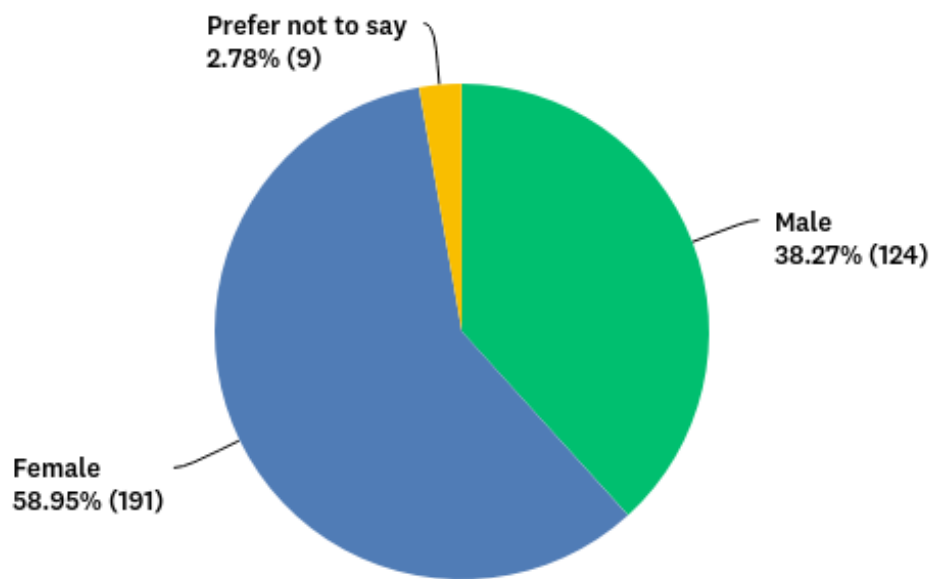
Question 12: If there is anything else you would like to tell us about your experience of reporting your crime/anti-social behaviour incident, please do so here



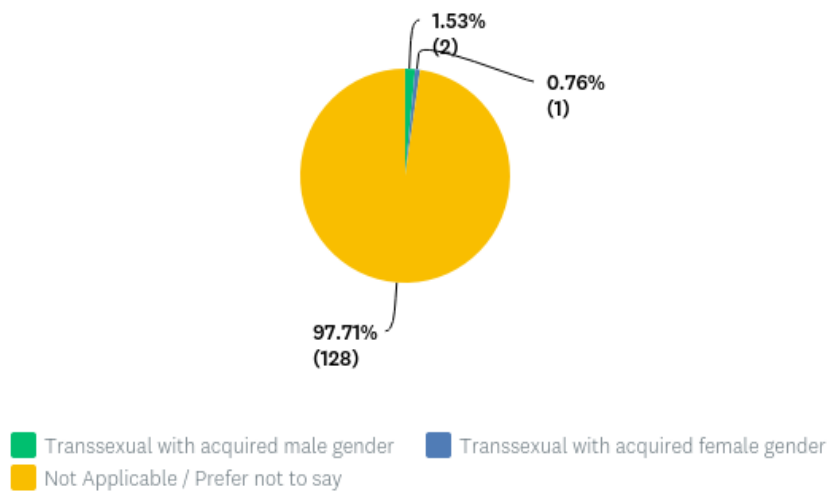
Question 13: What suggestions do you have to help the Safer Stronger Doncaster Partnership improve our services? (This could include suggestions about how to improve access to our services for hard to reach groups)



Question 14: Gender

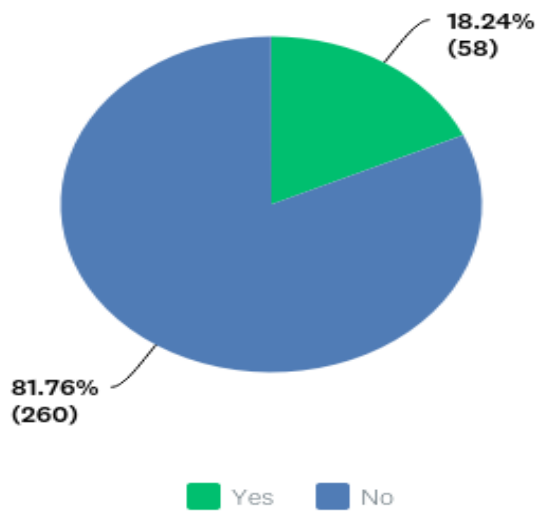


Question 15: Gender Reassignment

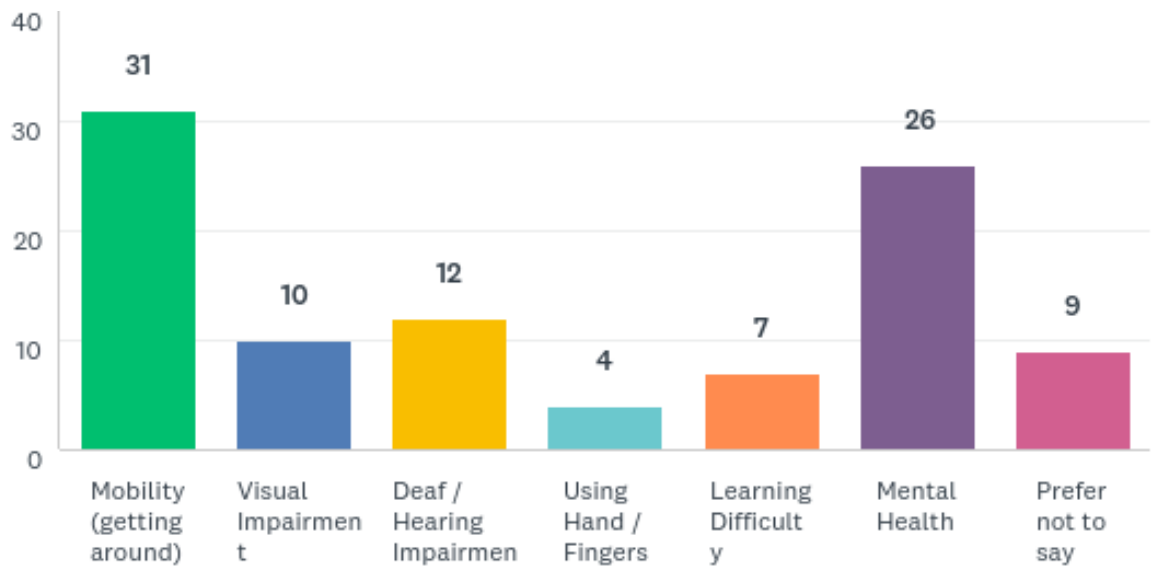


Question 16: Do you consider yourself to have a disability?

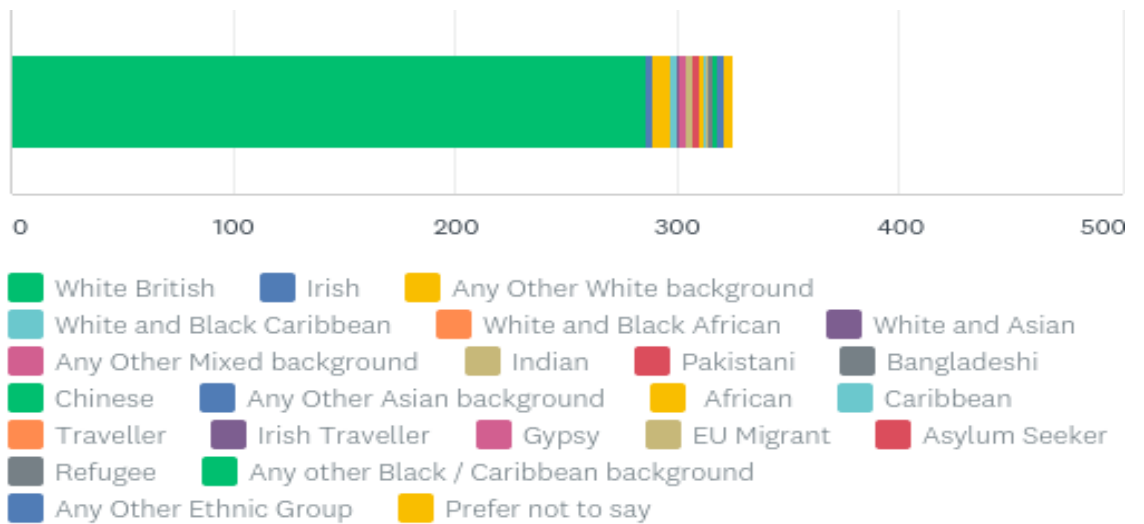
The Equality Act 2010 defines disability as: “a person has a disability is s/he has a physical or mental impairment which has substantial and long term adverse effect upon their ability to carry out normal day to day activities”



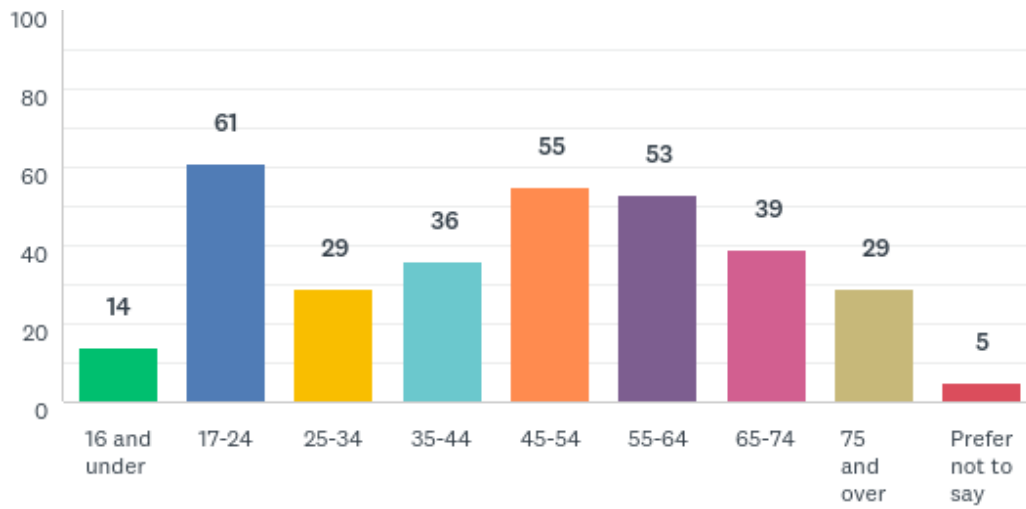
Question 17: If you do consider yourself to have a disability, please indicate which of the following options describes your disability? (you may tick more than one box)



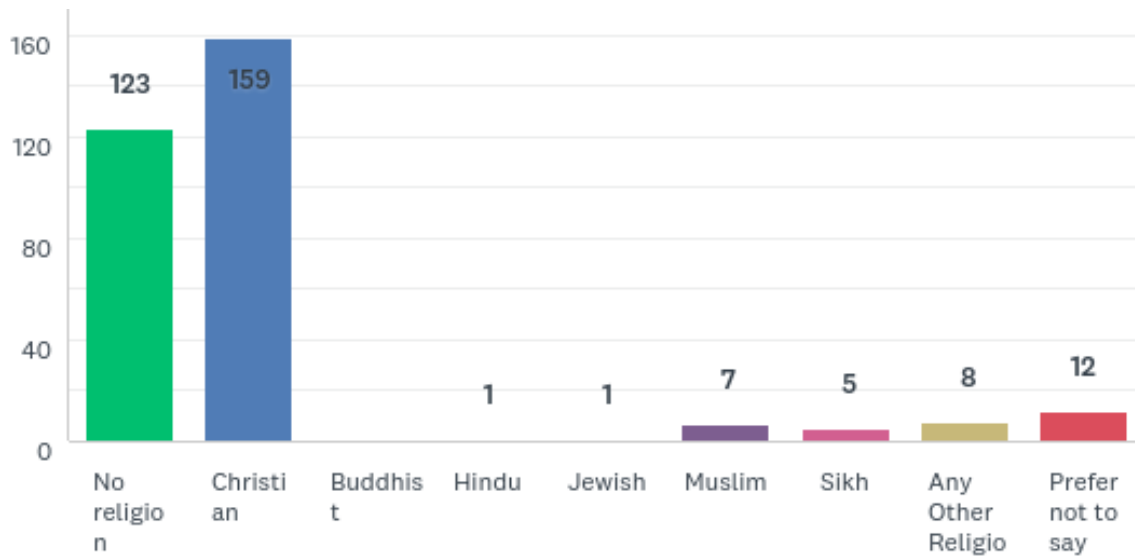
Question 18: Ethnicity: How would you describe your ethnic group?



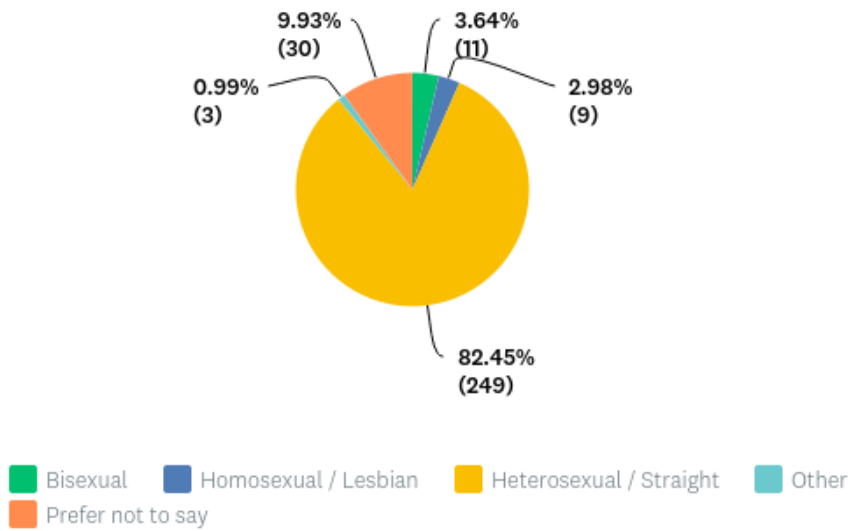
Question 19: Age: Which age group do you belong to?



Question 20: Religion & Belief: What is your religion?



Question 21: Sexual Orientation: How would you describe your sexual orientation?



Question 22: Marriage and Civil Partnership: What is your marital status?

