



Community Safety and Crime Prevention Plan Feedback Form

Name (optional): _____

Age: _____ Suburb: _____ Gender: Male / Female

1. Is the plan easy to read?

(please circle) Yes / No

If No how can it be improved:

2. Are there other strategies and actions that need to be included?

(please circle) Yes / No

If Yes what are they:

3. Would you be happy to work towards making some of the strategies and actions possible? (please circle) Yes / No

Comments:

4. Would you like to receive further information about Community Safety and Crime Prevention Plan? (please circle) Yes / No

If yes, please provide your preferred contact details:

Email (Council's preferred option): _____

Name: _____

Address: _____

Phone: _____ Fax: _____