

MAKING YOUR COMMUNITY SAFER

The Queensland Police Service invites comments from people who have been involved in the Safety Audit program. Please return this feedback form and your Action Plan to the address below.

Name of your Safety Audit group _____

Name, address and phone number of two persons to contact

Date commenced the Safety Audit _____

Date completed the Safety Audit _____

Where did you complete the Safety Audit? (Town/City) _____

Area bounded by: (specify locations, e.g. Railway Parade, North Street, Kennedy Creek etc)

What did your group learn about safety within public space by participating in this program?

How does your group intend to monitor progress after the Safety Audit?

- As a group?

- As an individual?

Do you have any success stories to share?

Do you have any suggestions for improving this material?

Who initiated your Safety Audit? (e.g. councillor, residents, local police)

Would your group be willing to complete a further questionnaire regarding your Safety Audit work if requested?

Please send this completed form to :

State Co-Ordinator
Safety Audit Program
Crime Prevention
Ground Floor, Police Headquarters
G.P.O.Box 1440
Brisbane 4001