University of Houston Department of Public Safety
Beat Contact Person Survey Questionnaire

How long have you been employed with the University of Houston?
Years___  Months___

What are your regular work hours?
Day ___  Evening___  Nights___

Have you ever been a victim of a crime or had the need for police services?
Yes  No

Have you ever utilized University of Houston Department of Public Safety (UHDPS) services?
Yes  No
If yes, for what reason_______________________________________________________

Are you familiar with the UHDPS officers?
Yes  No
If yes, for what reason_______________________________________________________

Are there any crime trends in your area that you are aware of?
Yes  No
If yes, what_______________________________________________________________

Are you aware of any suspicious activity or persons in your area?
Yes  No
If yes, explain_____________________________________________________________

Do you have any facility safety concerns?
Yes  No
If yes, explain_____________________________________________________________

Do you have any lighting or landscaping concerns?
Yes  No
If yes, explain_____________________________________________________________

Additional Comments/Concerns:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________