

**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:
