



## **COPCAB AGENDA**

**July 12, 2018**

**6:30pm - 8:00pm**

1. Approval of 6-14-18 minutes
2. Chief's Update
3. Survey
  - Introduction Paragraph
  - Distribution methods
  - App
4. Good of the Order





## COPCAB Minutes

June 14, 2018  
6:30pm-8:00pm

Members Present: Jun Castillo, Kim Karns, Tosh Sharp, John Lindsay

Staff Present: Chris Partman, Chief Linton

Guest:

- Minutes for 4/12/18 and 5/10/18 meetings approved
- Chief's update:
  - Continuing to hire, so far 79 slots have been offered to candidates, but some may not pass through the hiring process of background, polygraph, psych exam, and medical.
  - Currently there are only 64 officers available for deployment.
  - Try to balance new hires and lateral officers from other departments.
- COPCAB Project:
  - Consensus reached on survey questions
- Good of the Order
  - None
- Adjourned 8pm

**Next meeting will be on Thursday, 7/12/18 6:30-8pm Duwamish Conference Room, 6300 Southcenter Blvd. 2<sup>nd</sup> Floor. Please contact Chris Partman at [Chris.Partman@tukwilawa.gov](mailto:Chris.Partman@tukwilawa.gov) or call 206-271-6069 if you're unable to attend.**



# Tukwila Police Department

## COMMUNITY SURVEY

An important goal of the Tukwila Police Department is to elevate our performance as a high-performing organization by developing engaged employees and efficient internal processes. We also strive to accomplish this by positively engaging our community while improving the professional image of the Police Department.

To gauge our current performance on the Department's community engagement, we are asking for your participation in this survey. Your honest assessment is important; to build community and be responsive to your needs, we need to hear what you have to say. This survey is a beginning step in determining how we are doing currently. The Tukwila Police Department will work hard to make improvements based on input received through this survey. We plan to revisit this survey in the future, to gain feedback as to our progress.

### PERCEPTION OF SAFETY

		VERY SAFE	SAFE	SOMEWHAT SAFE	NOT SAFE	UNSURE
<b>OVERALL, HOW SAFE DO YOU BELIEVE TUKWILA IS AS:</b>	A place to live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A place to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A place to visit ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HOW SAFE DO YOU FEEL IN YOUR NEIGHBORHOOD, BUSINESS AREA OR SCHOOL:</b>	During the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	At night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walking/Running/Biking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IN THE LAST 3 YEARS, HAS THE FREQUENCY OF CRIME IN YOUR NEIGHBORHOOD:**

Increased

Stayed the same

Decreased

Don't know

**HOW OFTEN DO YOU SEE TUKWILA POLICE OFFICERS IN YOUR NEIGHBORHOOD?**

Frequently

Occasionally

Seldom

Never

Don't know

**HOW WOULD YOU RATE YOUR FEAR OF BECOMING A VICTIM IN YOUR NEIGHBORHOOD?**

High

Medium

Low

None

**DO YOU KNOW ONE OR MORE OF THE POLICE OFFICERS SERVING YOUR NEIGHBORHOOD?**

Yes

No

Unsure

**COMMENTS:**

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**Tukwila Police Department**  
**COMMUNITY SURVEY**

**LEVELS OF CONCERN**

*In the area where you spend most of your time, how much of a problem are these issues?*

		SERIOUS	MODERATE	SLIGHT	NONE	UNSURE	TOP CONCERNS (MARK UP TO 3)
<b>PROPERTY</b>	Theft/burglaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Home break-in/invasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vehicle break-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vandalized vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stolen vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shoplifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SAFETY / WELFARE</b>	Violent street crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assault/robbery in your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Crimes against elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Neighbor disputes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People attacked/fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trespassing/loitering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hanging out/harassing others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Juvenile problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Criminal or violent gang activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DRUG ACTIVITY</b>	Drug use in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drug use not in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Street dealing/drug houses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TRAFFIC</b>	Traffic problems/violations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drunk drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GENERAL</b>	Overall community crime rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of community interest in crime prevention activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR PRIORITIES**  
 Indicate what you consider to be the biggest problems  
 (or use comment space at left)

# Tukwila Police Department COMMUNITY SURVEY

## INTERACTIONS WITH TUKWILA POLICE DEPARTMENT

**AMOUNT OF CONTACT WITH TUKWILA POLICE DEPARTMENT IN THE LAST TWO YEARS:**

None  
 1–3 times  
 4–6 times  
 7–10 times  
 10+ times

**MANNER OF CONTACT (check all that apply):**

In person  
 Over the phone  
 Walk-in complaint  
 By email  
 Other:

**CIRCUMSTANCE OF CONTACT(S)**  
*(check all that apply)*

- Made 911 phone call
- Made non-emergency phone call
- Did not make call
- Flagged down an officer
- Traffic stop/enforcement
- Traffic accident
- Parking ticket
- Disabled Vehicle
- Made report
- Complainant
- D.A.R.E. Program
- Through PD crime-prevention program  
*(Crime-Free Multi-Housing, etc.)*
- At a community event
- Casual encounter with employee
- Registered a firearm
- Got fingerprinted
- Made records request
- Crime witness
- Crime suspect
- Crime victim in Tukwila
- Arrested for crime
- Spoke with detective
- Observed from distance
- No contact
- Prefer not to answer
- Other:

**YOUR EXPERIENCE WITH POLICE EMPLOYEE CONTACTED**

	Excellent	Good	Fair	Poor	N/A
Showed concern for my welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showed compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed interest in helping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped resolve my situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid attention to details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understood my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was courteous/professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**911 RESPONSE TIME**  
 IF YOU CALLED 911,  
 HOW LONG DID IT TAKE FOR  
 POLICE TO RESPOND?

Less than 5 minutes  
 Between 5–15 minutes  
 Between 16–30 minutes  
 Between 31–60 minutes  
 More than 1 hour  
 Other:

**NON-EMERGENCY RESPONSE**  
 IF YOU CALLED ABOUT A  
 NON-EMERGENCY  
 POLICE ISSUE,  
 HOW LONG DID IT TAKE FOR  
 POLICE TO RESPOND?

Less than 5 minutes  
 Between 5–15 minutes  
 Between 16–30 minutes  
 Between 31–60 minutes  
 More than 1 hour  
 Other:

**CRIME VICTIM** Have you been a victim of crime *(any type)* in Tukwila within the past two years?

Yes  
 No

Did you contact the Tukwila Police Department regarding the crime?

Yes  
 No

**OVERALL, HOW SATISFIED ARE YOU WITH THE SERVICE YOU RECEIVED FROM THE TUKWILA POLICE DEPARTMENT?**

Very satisfied  
 Satisfied  
 Somewhat satisfied  
 Not satisfied

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tukwila Police Department  
COMMUNITY SURVEY**

**IF YOU'RE A RESIDENT...**

YEARS LIVING IN TUKWILA  Less than 1 year  
 1–3 years  
 4–6  
 7–10 years  
 11–20  
 20+ years

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RENT OR OWN  Rent  
 Own

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RESIDENCE  House  
 Apartment  
 Condo  
 Manufactured housing  
 Other:

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NUMBER OF PEOPLE IN HOUSEHOLD *(circle number)*  
 1 2 3 4 5 6 7 8 9 10+

**NEIGHBORHOOD AFFILIATION**

NEIGHBORHOOD YOU CONSIDER YOURSELF TO BE "PART OF"  Allentown  
 Bremmer's Hill  
 Cascade View  
 Crestview  
 Duwamish Curve  
 Foster Point  
 McMicken Heights  
 Riverton Heights  
 Ryan Hill  
 Southcenter Business District  
 Thorndyke  
 Tukwila Hill  
 Tukwila Int'l Boulevard area  
 Other: \_\_\_\_\_

Unsure? Nearest intersection: \_\_\_\_\_

Prefer not to answer

*Thank you for completing this survey.  
Your participation is appreciated.*

**ABOUT YOU**

AGE GROUP  Under 18  
 18–25  
 26–33  
 34–41  
 42–49  
 50–57  
 58–65  
 66–73  
 74 and over  
 Prefer not to answer

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GENDER  Male  
 Female

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MY TUKWILA CONNECTION  Live in Tukwila  
 Work in Tukwila  
*(check all that apply):*  Tukwila business owner  
 Frequent visitor  
 Student  
 Other:

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COMMUNITY DIVERSITY: YOUR ETHNICITY  Asian  
 Black/African-American  
 Hispanic  
 Native American/Alaskan native  
 Pacific islander  
 White/Caucasian  
 Multiple races  
 Other: \_\_\_\_\_  
 Prefer not to answer

*(optional)*  
COUNTRY OF ORIGIN

**IF YOU'RE NOT A RESIDENT...**

AREA I SPEND THE MOST TIME IN TUKWILA  Business/retail  
 Industrial  
 Residential  
 Recreation space  
 Other:

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TYPE OF PLACE WHERE I SPEND THE MOST TIME  House  
 Apartment/Condo  
 Business  
 School  
 Other: