

Community Safety Survey 2025

We would like to find out about your perception of safety in Southampton and what experiences you have had. We are keen to hear from anyone that lives, works or studies in Southampton.

The closing date to complete this survey is 09 September 2025.

This questionnaire can also be completed online at: www.southampton.gov.uk/consultations

Question 1a. How safe do you feel during the day in the following settings?

	Very safe	Fairly safe	Neither	Fairly unsafe	Very unsafe	Not applicable
In your local area (within a 20 minute walking distance of your home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Southampton City Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a quiet street close to your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a busy public space such as a high street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a park or other open space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using public transport on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 1b. How safe do you feel after dark in the following settings?

	Very safe	Fairly safe	Neither	Fairly unsafe	Very unsafe	Not applicable
In your local area (within a 20-minute walking distance of your home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Southampton City Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a quiet street close to your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a busy public space such as a high street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a park or other open space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using public transport on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 1c. If you feel unsafe, have you stopped doing any of the following activities in the last month? *(Please tick all that apply)*

Leaving home alone.....	<input type="checkbox"/>
Going to streets or areas you think are unsafe	<input type="checkbox"/>
Walking in quiet places such as parks or open spaces	<input type="checkbox"/>
Walking in a quiet street close to where you live	<input type="checkbox"/>
Going to busy public spaces on your own such as a high street or train station	<input type="checkbox"/>
I have not stopped doing any of the following in the last month	<input type="checkbox"/>

Question 2. Do you think the level of crime in your local area has increased, decreased or stayed the same in the last 12 months?

Significantly increased	<input type="checkbox"/>
Increased	<input type="checkbox"/>
Stayed the same	<input type="checkbox"/>
Decreased	<input type="checkbox"/>
Significantly decreased	<input type="checkbox"/>
Lived here less than 12 months	<input type="checkbox"/>

Question 3. To what extent would you agree or disagree that public services are successfully dealing with crime and anti-social behaviour in your local area?

E.g. Hampshire Fire and Rescue, Southampton Clinical Commissioning Group, Southampton City Council, Public Health, Hampshire Constabulary, National Probation Service, Go! Southampton, Office of Police Crime Commissioner (Hampshire) & Youth Justice Service

Strongly agree.....	<input type="checkbox"/>	Neither.....	<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>
Agree	<input type="checkbox"/>	Disagree.....	<input type="checkbox"/>		

Question 4. Thinking of your local area, how much of an issue do you think each of the following are?

	A very big issue	A fairly big issue	Not a very big issue	Not an issue at all	Don't know
Antisocial behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive begging in the streets (Loitering or begging in a manner that causes or is likely to cause harassment, alarm, distress, nuisance or annoyance to any person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism, graffiti and other deliberate damage to property or vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary, robbery or theft	<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"/>
Domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking and harassment (Some examples include: catcalls, unwanted sexual comments or jokes from a stranger, feeling like you are being followed or feeling threatened)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious violent crime e.g. Knife crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence against women and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate crime (Crimes committed against someone because of their race, religion, disability, sexual orientation or transgender identity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber crime or computer misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol related crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 5. To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together?

Definitely agree	<input type="checkbox"/>
Tend to agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Tend to disagree	<input type="checkbox"/>
Definitely disagree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Question 6. Have you been a victim of crime or anti-social behaviour in Southampton in the last 12 months?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Question 7. Which of the following best describes your experience of crime and antisocial behaviour in the last 12 months?

(Please tick all that apply)

	I have witnessed this	I have been a victim of this	I have not witnessed or been a victim of this	Prefer not to say
Antisocial behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive begging in the streets <i>((Loitering or begging in a manner that causes or is likely to cause harassment, alarm, distress, nuisance or annoyance to any person))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism, graffiti and other deliberate damage to property or vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary, robbery or theft	<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"/>
Domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking and harassment (Some examples include: catcalls, unwanted sexual comments or jokes from a stranger, feeling like you are being followed or feeling threatened)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious violent crime e.g. Knife crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence against women and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate crime (Crimes committed against someone because of their race, religion, disability, sexual orientation or transgender identity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber crime or computer misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol related crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify:

If you have not witnessed or been a victim of any of the above, please skip straight to question 11.

If you have witnessed or been a victim of Stalking and harassment, please continue to question 8a. Otherwise, please proceed to question 9.

If you have witnessed or been a victim of hate crime, please continue to question 8b. Otherwise, please proceed to question 9.

Question 8a. Which of the following best describes your experience of stalking and harassment in the last 12 months:
(Please tick all that apply)

	I have witnessed this	I have been a victim of this	I have not witnessed or been a victim of this	Prefer not to say
Catcalls, whistles, unwanted sexual comments or jokes from a stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt that you or someone else was being followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulted or shouted at by a stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically threatened by a stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify: <input type="text"/>				

Question 8b. If you have witnessed or been a victim of hate crime, what would you perceive to be the motivating factor(s)?

Race or ethnicity	<input type="checkbox"/>	Transgender identity.....	<input type="checkbox"/>
Religion or beliefs.....	<input type="checkbox"/>	Prefer not to say.....	<input type="checkbox"/>
Sexual orientation.....	<input type="checkbox"/>	Something else	<input type="checkbox"/>
Disability.....	<input type="checkbox"/>		
If something else, please tell us: <input type="text"/>			

In the next question, please provide an answer next to the incidents you said you have witnessed or been a victim of in question 7. Please leave all other lines blank.

Question 9. Did you report the incident(s)?

	Yes	No	Prefer not to say
Antisocial behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begging in the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism, graffiti and other deliberate damage to property or vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary, robbery or theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking and harassment (Some examples include: catcalls, unwanted sexual comments or jokes from a stranger, feeling like you are being followed or feeling threatened)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious violent crime e.g. Knife crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence against women and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate crime (Crimes committed against someone because of their race, religion, disability, sexual orientation or transgender identity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber crime or computer misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol related crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify:	<div></div>		

In the next question, please provide an answer next to the incidents you said you have not reported in question 9. Please leave all other lines blank.

Question 10. If you didn't report the incident(s), please tell us why?

(Please tick all that apply)

	Reporting it makes no difference	Not serious enough to report	Disappointing previous experience of reporting	Too much hassle or too difficult to do	Fear negative consequences	Happens too often	Unsure how to report it	Another reason
Antisocial behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begging in the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism, graffiti and other deliberate damage to property or vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary, robbery or theft	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking and harassment (Some examples include: catcalls, unwanted sexual comments or jokes from a stranger, feeling like you are being followed or feeling threatened)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious violent crime e.g. Knife crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence against women and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate crime (Crimes committed against someone because of their race, religion, disability, sexual orientation or transgender identity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber crime or computer misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol related crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify:								

If another reason, please give us more detail:

Question 11. Which of the following would make you feel safer in Southampton?
(Please tick all that apply)

- Better street lighting throughout the city ☐
- Increased CCTV ☐
- Greater police presence ☐
- More control on aggressive street begging ☐
- More control on drug/alcohol users ☐
- Cleaner streets ☐
- Help for those who are homeless ☐
- Easier ways to report anti-social behaviour or crimes ☐
- Stricter consequences for those who have been reported ☐
- Better road safety ☐
- Less anti-social behaviour ☐
- More community groups/youth groups ☐
- More open spaces (more maintenance on bushes/pathways)..... ☐

Question 12. If you have any other suggestions on what would make you feel safer in Southampton or any other comments, please provide them below:

About you

The following questions will be finding out a bit more about you. These questions are asked to help us with statistical analysis of the results by different characteristics such as age and will not be used to identify you. None of the questions are compulsory, there is a 'prefer not to say' button for any you do not wish to answer.

What is your sex?

Female ☐

Male ☐

Prefer not to say ☐

Is the gender you identify with the same as your sex registered at birth?

Yes ☐

No ☐

Prefer not to say ☐

If no, please write in gender identify:

What is your age?

Under 16	<input type="checkbox"/>	30 - 34	<input type="checkbox"/>	50 - 54	<input type="checkbox"/>	70 - 74	<input type="checkbox"/>	Prefer not to say.....	<input type="checkbox"/>
16 - 17	<input type="checkbox"/>	35 - 39	<input type="checkbox"/>	55 - 59	<input type="checkbox"/>	75 - 79	<input type="checkbox"/>		
18 - 24	<input type="checkbox"/>	40 - 44	<input type="checkbox"/>	60 - 64	<input type="checkbox"/>	80 +	<input type="checkbox"/>		
25 - 29	<input type="checkbox"/>	45 - 49	<input type="checkbox"/>	65 - 69	<input type="checkbox"/>				

What is your ethnic group?

Asian or Asian British	<input type="checkbox"/>	White Other.....	<input type="checkbox"/>
Black, African, Caribbean or Black British	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>
Mixed or multiple ethnic groups	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
White British.....	<input type="checkbox"/>		

What is your religion?

No religion	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian (including Church of England, Catholic, Protestant, and all other Christian denominations).....	<input type="checkbox"/>	Muslim.....	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh.....	<input type="checkbox"/>
Hindu.....	<input type="checkbox"/>	Any other religion	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

Any other religion, write in:

What is your main language?

English	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Other, write in:

Do you have any physical or mental conditions or impairments, lasting 12 months or more, that have a substantial effect on your ability to carry out day-to-day activities?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say..	<input type="checkbox"/>
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Which of the following best describes your sexual orientation?

Straight / Heterosexual	<input type="checkbox"/>	Bisexual.....	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Gay or Lesbian	<input type="checkbox"/>	Other sexual orientation	<input type="checkbox"/>		

Does your household own or rent your accommodation?

Owns (outright or with a mortgage or loan)	<input type="checkbox"/>	Social rented (council or housing association)..	<input type="checkbox"/>
Part owns and part-rents (shared ownership)...	<input type="checkbox"/>	Other	<input type="checkbox"/>
Private rented	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

If other, please specify:

Which ward do you live in?

Not a resident of Southampton	<input type="checkbox"/>	Bevois	<input type="checkbox"/>	Millbrook	<input type="checkbox"/>	Sholing	<input type="checkbox"/>
Banister and Polygon	<input type="checkbox"/>	Bitterne park	<input type="checkbox"/>	Peartree	<input type="checkbox"/>	Swaythling	<input type="checkbox"/>
Bargate	<input type="checkbox"/>	Coxford	<input type="checkbox"/>	Portswood	<input type="checkbox"/>	Thornhill	<input type="checkbox"/>
Bassett	<input type="checkbox"/>	Freemantle	<input type="checkbox"/>	Redbridge	<input type="checkbox"/>	Woolston	<input type="checkbox"/>
		Harefield	<input type="checkbox"/>	Shirley	<input type="checkbox"/>	Prefer not to say .	<input type="checkbox"/>

What is your postcode? (This is to understand opinions across the city and will not be used to contact you or identify you in any way)

**Thank you for your time. Please return completed surveys to:
Consultations, First Floor, West Wing, Civic Centre, Southampton, SO14 7LY.**

**Please note this survey can not be used to report crimes or incidents. For further advice, please visit:
www.hampshire.police.uk or call 101**

The information collected about you during this survey will only be used for the purposes of research. We may use it to contact you about this. We will only share your information with other organisations or council departments if we need to. The survey responses will be analysed by Southampton City Council. We may also share it to prevent, investigate or prosecute criminal offences, or as the law otherwise allows. Please be aware that any comments given on this form may be published in reports. However, the council will endeavour to remove any references that could identify individuals or organisations. Our Privacy Policy (<https://www.southampton.gov.uk/contact-us/privacy-cookies/privacy-policy/>) explains how we handle your personal data, and we can provide a copy if you are unable to access the Internet.