

Thank you for assisting us in understanding Impacts to your business over the last year.

Please use this paper copy to prepare your survey answers and then complete the survey ([here](#)).

Participant information

Your Name:		
Your Business Name:		
Your email:		
Your Primary Business area	Aberdeen Brocklehurst Campbell Creek Columbia Street Dallas Downtown Kamloops Dufferin Iron Mask	Laval Road/Cres North Kamloops Sahali Tk'emlups Valleyview Westsyde Victoria St. West
Your Business Category	Arts / Culture Coffee Shop / Café Construction / Construction Supply Government Manufacturing (light or Industrial) Professional Services Resource Industry Social Service / Housing Transportation / Logistics	Auto Sales or Service Commercial Service or Supply Education / Training Health Services Personal Services Restaurant / Dining Retail Shop Tourism
Length of Operation	1 year, 1-3 years, 3-5 years 5-10 years More than 10 years	

Impacts Assessment

Business Impacts In the last year, rate the trend of impacts to your business from criminality or social issues?	Significant Increase	Some Increase	No Change	Some Reduction	Significant Reduction
Staff Impacts In the last year, rate the trend of impacts to your staff safety from criminality or social issues?	Significant Increase	Some Increase	No Change	Some Reduction	Significant Reduction
Customer Impacts In the last year, rate the trend of impacts to your customers perception of safety from criminality or social issues?	Significant Increase	Some Increase	No Change	Some Reduction	Significant Reduction
Customer Complaints In the last year, rate the trend of customer complaints received as a result of criminality or social issues?	Significant Increase	Some Increase	No Change	Some Reduction	Significant Reduction

Impacts 2025 Pre-work Copy

Specific Impacts * check all that apply

- | | | |
|---------------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Defecation (Human Waste) | <input type="checkbox"/> Drug Dealing | <input type="checkbox"/> Graffiti |
| <input type="checkbox"/> Harassing Actions | <input type="checkbox"/> Loitering / Trespassing | <input type="checkbox"/> Needles / Hazardous Waste |
| <input type="checkbox"/> Open Drug Use | <input type="checkbox"/> Storage of Materials | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Fear/Stress / Anxiety | |

What is the total cost of losses related to theft, closures or other items in the last year?

DO NOT INCLUDE Prevention costs as these are covered in a later section. Indicate the amount you feel reflects the losses specifically noted in this section, related to criminality or social issues.

\$ _____

Business Responses

Have you had to change security protocols or practices as a result of criminality or social issues in the past year?

- ☐ Yes ☐ No

What Actions have you taken in your business in the last year?

- | | |
|----------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> CRIME Prevention Assessment (* CPTED) | <input type="checkbox"/> Fencing, Gates, Barriers |
| <input type="checkbox"/> Improved / Changed Locks | <input type="checkbox"/> Landscape design changes |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Offsite Security Service (patrols) |
| <input type="checkbox"/> Onsite Security Services | <input type="checkbox"/> Security Cameras |
| <input type="checkbox"/> Staff Training | |

What is the total cost for security changes / responses in the last year?

INCLUDE ONLY Prevention costs. Indicate the amount you feel reflects the costs specifically noted in this section, related to criminality or social issues.

\$ _____

Community Services Officers Response

Have you called Community Services Officers in the last 12 months?

- ☐ Yes ☐ No

Did the responding CSOs Resolve the issue they were called for?

- ☐ Yes ☐ No

You call Community Services Officers how often?

- | | | |
|----------------------------------|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> More than once a day | |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> More than once a week | |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Frequently | <input type="checkbox"/> I don't call CSOs |

RCMP Response

Have you called the RCMP in the last 12 months?

- ☐ Yes ☐ No

Impacts 2025 Pre-work Copy

Have you been a victim of crime or vandalism which was not reported in the last 12 months?

☐ Yes ☐ No.

Your unreported issue was:

☐ Crime ☐ Vandalism ☐ Social Disruption ☐ All ☐ Other:

Other was: _____

You call RCMP Officers how often?

☐ Daily ☐ More than once a day
☐ Weekly ☐ More than once a week
☐ Monthly ☐ Frequently
☐ I don't call CSOs

I have changed how often I call RCMP or the CSOs because:

Response time is too long	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Prosecution is questionable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Issue is rarely resolved	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Final Thoughts

**** DO NOT send this working copy of the survey to your survey host organization.

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