Partners in stopping hate

NOT IN OUR TOWN
STOP HATE. TOGETHER.

COPS
Community Oriented Policing Services
U.S. Department of Justice

Film Evaluation of *Waking in Oak Creek*

Instructions: Please answer the following questions based on your recent viewing of *Waking in Oak Creek*. Surveys should be returned to **The Working Group / Not In Our Town, PO Box 70232, Oakland, CA 94612**. Thank you for your participation.

1. Screening location: _____

2. How would you rate the following in reference to this film?

Item	Excellent	Good	Okay	Fair	Poor
a. Handling of topic presented	○	○	○	○	○
b. Overall impact of film	○	○	○	○	○
c. Effectiveness of group discussion (if applicable)	○	○	○	○	○

3. Please check the response that is most accurate for you.

Results of viewing this film	Yes, very much	Yes, somewhat	No, didn't make a difference	Not applicable
a. I have more information or tools I can use in my work.	○	○	○	○
b. I better understand the need to support hate crime victims.	○	○	○	○
c. I have better ideas for building relationships between diverse groups and faiths in my community.	○	○	○	○
d. I will seek ways to improve relationships between community leaders, interfaith groups, and law enforcement.	○	○	○	○
e. I am more likely to take action to address hate and intolerance in my community.	○	○	○	○

4. What opportunities or challenges do you anticipate in showing this film to your community or law enforcement agency?

5. What additional information or supplemental resources would you like to see presented in films and discussions to support your training and outreach efforts?

6. Additional comments?

7. Demographic information: We request the following information to help us understand and better serve our audience.

a. Gender

- ○ Male
- ○ Female
- ○ Other

b. Age

- ○ 12 or younger
- ○ 13–18
- ○ 19–25
- ○ 26–35
- ○ 36–45
- ○ 46–55
- ○ 56–65
- ○ 66+

c. Ethnicity

- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

d. Race

- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or Pacific Islander
- ○ White
- ○ Other: _____

d. Constituency

- ○ Civic leader
- ○ Community member
- ○ Educator
- ○ Faith group member
- ○ Law enforcement
- ○ Student
- ○ Other_____

e. Occupation:

_____

Would you like to get more resources or updates from Not In Our Town? If yes, please provide:

Name: _____

Phone: _____ E-mail: _____

Thank you for your participation.

For more information on how to prevent hate, intolerance, and bullying in your community, please visit the Not In Our Town website at www.niot.org.

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The public reporting burden for this collection of information is estimated to be up to 5 minutes per response. Send comments regarding this burden estimate or any other aspects of the collection of this information, including suggestions for reducing this burden, to the Office of Community Oriented Policing Services, U.S. Department of Justice, 145 N Street NE, Washington, DC 20530; and to the Public Use Reports Project, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

You are not required to respond to this collection of information unless it displays a valid OMB control number. The OMB control number for this application is 1103-0115, and the expiration date is June 30, 2017.

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