**FORM FOR REQUESTING AN ANTI-SOCIAL BEHAVIOUR REVIEW**

How did you hear about the Anti-Social Behaviour Review?

|  |
| --- |
|  |

**I am the victim and have made 3 complaints regarding three separate, but related incidents of anti-social behaviour in the previous 6 months, which were reported within one month of the incidents occurring to the police, council or registered social landlord.**

|  |  |
| --- | --- |
| Name of applicant  |  |
| Address  |  |
| Date of Birth |  |
| Telephone number  |  |
| Email address  |  |

If you are making this request on behalf of another person please complete the section below:

|  |  |
| --- | --- |
| Name of person on whose behalf this application is made  |  |
| Their address  |  |
| Their telephone number  |  |
| Their email address  |  |
| Relationship to applicant e.g. relative, carer, local councillor  |  |
| Does this person know that you have made the request for an ASB review? |  |

🞏 I am representing a group of individuals (or a community) who have reported three separate, but related incidents of anti-social behaviour in the previous 6 months, which were reported within one month of them occurring, to the police, council or registered social landlord. *The local authority will correspond directly with this person in relation to the Anti-Social Behaviour Review request and outcome*.

|  |  |
| --- | --- |
| Name of applicant (group representative) |  |
| Address  |  |
| Date of Birth |  |
| Telephone number  |  |
| Email address  |  |

In order for us to decide if you meet the threshold for an ASB review we need to have details of the incidents that you or as a group/community have reported (there must be at least 3). Please complete the form below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name, address and date of birth of the person who made the report** | **Date of incident** | **Description of ASB**  | **How did this cause you harassment, alarm or distress?** | **Who did you report this to?***If you reported to more than one organisation please tell us about them all and provide any reference numbers or incident numbers provided to you* | **The date on which it was reported (this must be within 1 month of the incident)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Consent:** In order to proceed with the Anti-Social Behaviour Review, all individuals detailed above must be willing for us to share information with partner agencies in order to resolve the problems. If all individuals do not give consent to share information, we can not progress Anti-Social Behaviour Review. |
| Consent given by all individuals listed above? – Yes / No *Where consent is not given, information provided will be recorded and no action taken.* |

Would you be willing to provide a written account, or attend the initial part of the review, to share the effect the anti-social behaviour has had on you (or the community)?

Yes/ No

…………………………………………………………………………………………………………………………………………………..

What are you hoping for from this review?

…………….…………………………………………………………………………………………………………………………….………….

Have you made a formal complaint through the Complaints Procedure of the organisation? Yes/No

If so, to which agency have you made the complaint?