

FORM FOR REQUESTING AN ANTI-SOCIAL BEHAVIOUR REVIEW

(CT/FORM/1)

I am requesting a review of my anti-social behaviour case because I believe I have experienced harassment, alarm and distress and no action has been taken in response to my complaints. I am making this application within **6 months** of the last report of anti-social behaviour.

I understand that my details will not be shared with agencies outside of the North Hertfordshire Community Safety Partnership but will be stored in line with Data Protection principles.

Please tick this box to confirm that you are willing for us to share your information with agencies to allow us to review your case
*Anonymous requests will **not be accepted** but details will be recorded and shared with agencies*

Please indicate below which of the criteria you believe applies:

I am the victim and I have reported the same problem 3 or more times in the past 6 months to the Council, Police or my landlord.

Name of applicant		D.O.B	
Address			
Telephone number			
Email address			
Which is your preferred method of contact? (circle the preferred method)	Email	Telephone	Writing
Which of these best describes you? (please tick)	Owner occupier <input type="checkbox"/>	Private tenant <input type="checkbox"/>	Housing association <input type="checkbox"/>
	Other (please specify)		
Where applicable please give details of your landlord or housing association			

We are a group of people who have individually made reports about the same problem 3 or more times in the past 6 months

Complete the details of each person who has complained

Name of applicant		D.O.B	
Address			
Telephone number			
Email address			

Name of applicant		D.O.B	
Address			
Telephone number			
Email address			

Name of applicant		D.O.B	
Address			
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		D.O.B	
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?			

Completing the incident form

In order for us to decide if you meet the threshold for an ASB review we need to have details of the incidents (there must be at least 3) that you have reported and you believe that no action has been taken. Please note, you should only provide incidents within the last 6 months. Anything outside of this time frame will not be considered as part of this review.

To enable us to carry out a comprehensive and effective review of your case please ensure you supply as much detail as possible regarding each incident of ASB that you have reported. In order to meet the threshold, it is also important that you provide detail as to how each incident caused you harassment, alarm and distress.

If you need to provide further details please complete on a separate sheet.

Please complete the incident form below:

Date of incident	Details about the anti-social behaviour	How did this cause you harassment, alarm and distress?	Who did you report this to? <i>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</i>	Agency response to your complaint. <i>Please include what further action you feel could have been taken</i>	The date on which it was reported (this must be within 1 month of the incident)

The community trigger does not replace the existing complaints procedure of each of the local agencies. The community trigger is not a process for making a complaint about an individual or agency. It is a process for problem solving and finding solutions and multi-agency accountability.

Declaration; I confirm that the information I have supplied is true and accurate to the best of my knowledge.

Signed **Name** **Date**