# Anti-social behaviour case review - Application form

Ashfield District Council in partnership with Nottinghamshire Police and other agencies are working to reduce anti-social behaviour (ASB). Help is available to support repeat and vulnerable victims of anti-social behaviour across Ashfield.

The anti-social behaviour case review gives victims and communities the right to review the action taken where an ongoing problem has been reported. The process is designed to make sure that the Council, local police and other partners, including registered housing providers, work together to tackle anti-social behaviour in a timely manner.

We will do this by talking to you, sharing information among all the relevant agencies and using our resources to try and reach an agreeable outcome.

Once complete, please return this form to:

Community Protection Team
Ashfield District Council
Council Offices
Urban Road
Kirkby in Ashfield
Nottinghamshire
NG17 8DA

Are you completing this form on behalf of someone? (please tick relevant box).

Yes [ ]

No [ ]

If Yes, have you completed a consent form with the victim?

Yes [ ]

No [ ]

## Your contact details:

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
| Telephone number |  |
| Email address |  |

## Details of person affected:

(If different.)

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
| Telephone number |  |
| Email address |  |

## Incident details

Please describe details of each incident you wish to include within the review. Please note: there should be a minimum of 3 separate incidents detailed.

## Incident 1

|  |  |
| --- | --- |
| Date of incident |  |
| Location of incident |  |
| Who did you report this to?Please tick all that apply. | Police [ ] Council [ ] Social Landlord [ ] Other [ ]  |
| If other, please state: |  |
| Incident / Reference number: |  |
| Please describe how the incident affected you: |  |
| What action, if any, do you believe has been taken |  |
| What action would you like to see taken to address this? |  |

## Incident 2

|  |  |
| --- | --- |
| Date of incident |  |
| Location of incident |  |
| Who did you report this to?Please tick all that apply. | Police [ ] Council [ ] Social Landlord [ ] Other [ ]  |
| If other, please state: |  |
| Incident / Reference number: |  |
| Please describe how the incident affected you: |  |
| What action, if any, do you believe has been taken |  |
| What action would you like to see taken to address this? |  |

## Incident 3

|  |  |
| --- | --- |
| Date of incident |  |
| Location of incident |  |
| Who did you report this to?Please tick all that apply. | Police [ ] Council [ ] Social Landlord [ ] Other [ ]  |
| If other, please state: |  |
| Incident / Reference number: |  |
| Please describe how the incident affected you: |  |
| What action, if any, do you believe has been taken |  |
| What action would you like to see taken to address this? |  |

Additional sheets can be provided for additional incidents that you wish to see included in the review.