

FORM FOR REQUESTING AN ANTI-SOCIAL BEHAVIOUR REVIEW

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 South Warwickshire 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 and no action has been taken

Name of applicant				
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?	Owner occupier	Private tenant	Housing association	Other (please specify)
Where applicable please give details 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 and no action has been taken

Name of applicant				
Address				
Telephone number				
Email address				

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Name of applicant	
Address	
Telephone number	
Email address	

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

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In order for us to decide if you meet the threshold for 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 complete the 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>	The date on which you reported (this must be within 1 month of the incident)

What are you hoping for from this review? _____

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

Keeping you informed

We will keep you informed about progress with your request. We will acknowledge receipt of your request within 5 working days.