**ASB Case Review – Printable Form**

You should complete this form if you wish to activate an ASB Case Review (Community Trigger), if you need assistance completing this form please contact us at [**enquiries@northumbria-pcc.gov.uk**](mailto:enquiries@northumbria-pcc.gov.uk).

Please ensure that you complete **all** parts of this form to enable us to process your application as swiftly as possible.

Please note, information is available in other languages upon request.

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| --- | --- |
| **Name:**  (The name of the person experiencing the ASB) |  |
| **Full Address:** (The address of the person experiencing the ASB) |  |
| **Date of Birth:**  (The DOB of the person experiencing ASB) |  |
| **Contact Number:** (The contact number of the person experiencing ASB) |  |
| **Email Address:** (The email address of the person experiencing ASB) |  |
| **Tenure:** (The tenure of the person experiencing ASB)  Please tick as appropriate. | Owner/Occupier  Private Rented/Private Landlord  Registered Social Landlord  Leaseholder  Other |
| If you have selected ‘Registered Social Landlord’ (RSL), please specify the RSL: |  |
| **Contact Preference:** (Preference of the person experiencing the ASB).  Please note that by selecting ‘Letter’, this may delay the time it takes to process your ASB Case Review Request’  Please tick as appropriate. | Email  Phone  Letter |
| **Consent to Share Information:** (Consent from the person experiencing ASB).  The details you provide will not be passed to a third party without your consent. Please note that without your consent to share information, we are unable to process your request to activate the ASB Case Review)  Please tick as appropriate. | Yes  No |

**Incidents**

In order to meet the ASB Case Review threshold you must have reported 3 incidents of ASB in the last 6 months. For this reason, we require these details in this form.

We understand that you may have experienced more than 3 incidents of ASB, however, at this stage, we only need you to provide information for 3 incidents that you have reported. This will help us to assess whether or not the threshold is met.

We understand that you may not have all of the specific details, if this is the case, you are able to use approximate dates and information.

Where possible, please include incident or case reference numbers

Please note: This form should not be used to report new incidents of anti-social behaviour

**Incident 1**

|  |  |
| --- | --- |
| **Incident 1 Date:** |  |
| **Incident 1 Details:** |  |
| **Incident 1 – Can you identify the person responsible?** Please include an address and name where you can. |  |
| **Incident 1 – Which agency did you report this incident to?** |  |

**Incident 2**

|  |  |
| --- | --- |
| **Incident 2 Date:** |  |
| **Incident 2 Details:** |  |
| **Incident 2 – Can you identify the person responsible?** Please include an address and name where you can. |  |
| **Incident 2 – Which agency did you report this incident to?** |  |

**Incident 3**

|  |  |
| --- | --- |
| **Incident 3 Date:** |  |
| **Incident 3 Details:** |  |
| **Incident 3 – Can you identify the person responsible?** Please include an address and name where you can. |  |
| **Incident 3 – Which agency did you report this incident to?** |  |

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| **Is the anti-social behaviour case ongoing (unresolved)?**  Please tick as appropriate. | Yes  No |
| **How affected do you feel by what has happened?**  Impact on the person experiencing ASB.  Please tick as appropriate. | 0 – Not affected at all  1 – Affected a little  2- Moderately affected  3 – Affected a lot  4 – Extremely affected |
| **Do you feel that you are being targeted due to a protected characteristic?**  Please tick as appropriate.  Protected characteristics include: Gender Reassignment, Marriage/Civil Partnership, Pregnancy/Maternity, Age, Religion/Belief, Race, Sexual Orientation, Gender or Disability | Yes  No |
| **If you answered ‘yes’ to the above question, please select the protected characteristic:**  Please tick as appropriate. | Gender Reassignment  Marriage/Civil Partnership  Pregnancy/Maternity  Age  Religion/Belief  Race  Sexual Orientation  Gender  Disability  Prefer not to say |
| **Do you feel that there is a personal risk of harm to your household?**  (Please note that the term ‘harm’ can mean harm to your physical or mental wellbeing)  Please tick as appropriate. | Yes  No |
| **If you answered ‘yes’ to the above question, can you please explain where you feel there is a personal risk of harm?** |  |
| **Are you raising this request on behalf of:**  Please tick as appropriate. | Yourself  A friend/family member  On behalf of a constituent  On behalf of someone you are professionally supporting |
| **If you require any reasonable adjustments throughout the ASB Case Review process, please provide details:**  Reasonable adjustments relate to specific requirements you may have to enable you to better access, engage with and understand this process |  |

**If you are raising this request on behalf of someone, please provide your contact details.**

Please Note: If you are raising the request on behalf of someone else, we may still need to obtain consent from the named person before progressing this request.

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| **Name:** |  |
| **Job Title:** |  |
| **Organisation:** |  |
| **Email Address** |  |
| **Contact Number** |  |
| **I have consent to share this information.**  Please tick as appropriate. | Yes  No |