**Hertsmere’s Anti-Social Behaviour Case Review Application Form**

For assistance completing the Anti-social Behaviour (ASB) Case Review Form, please request a copy of the separate Process and Procedure document by contacting the Community Safety Intervention Officer on 020 8207 2277 or [community.safety@hertsmere.gov.uk](mailto:community.safety@hertsmere.gov.uk).

*\* Indicates questions that must be completed. There are additional questions for you to provide more information to support your application, if you wish.*

Please provide your details so that we can contact you. If you are completing this form on behalf of a friend or a client of your service, please provide details of the person affected by this situation. We will use this to ask any further questions or provide feedback on your referral as necessary.

**Q1. On what basis are you making an application for an Anti-Social Behaviour (ASB) Case Review – please tick?\***

*Please ensure you meet the ASB Case Review threshold. The threshold is the victim reporting three separate incidents to either the Council, Police or registered provider of housing within a six month period and feel that no effective action has been taken to resolve the anti-social behaviour. The ASB Case Review should not be used as a tool to make a complaint about an agency or officer.*

A - I am the person affected by the anti-social behaviour and have made three or more qualifying complaints. *Go to Q3*

B - I am acting on behalf of the person affected by the anti-social behaviour, who has made three or more qualifying complaints. *Go to Q2*

**Q2. Advocate Details\*** (*Required if 1B ticked)*

*If you are acting on behalf of someone else, complete your details then go to Q3*

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| --- | --- | --- | --- |
| **\*Name:** |  | | |
| **\*Date of Birth:** |  | | |
| **\*Address:** |  | | |
| **\*Daytime No:** |  | **Mobile No:** |  |
| **E-mail:** |  | | |

**Q3. Details of the person(s) affected by the anti-social behaviour\***

Person One

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Name:** |  | | |
| **\*Date of Birth:** |  | | |
| **\*Address:** |  | | |
| **\*Daytime No:** |  | **Mobile No:** |  |
| **E-mail:** |  | | |

**Q4. Briefly describe the type of anti-social behaviour you have been experiencing.\*** *(individual incidents are to be detailed at Q5)*

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**Q5. Please provide details of the three most recent anti-social behaviour incidents, including who reported the incidents, when they were reported, who they were reported to and how\*.**

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| **Incident date** | **Incident details** – i.e. what happened? If you were given a reference number for the report please include this. | **Reported by** | **Date reported** | **Agency reported to** | **Reported method -** e.g. writing, telephone, in person |
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**Q6. How has the anti-social behaviour affected you/the person you are acting on behalf of?**

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**Q7. What action has been taken, to your knowledge?**

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**Q8. What outcome(s) would you like from the ASB Case Review?**

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**Q9. Have you any special circumstances that we need to take into consideration? If so, please provide details.**

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**Q10. Please provide any other information relevant to your ASB Case Review application, including details of any support services you are working with.**

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**Q11. Do you give consent for the Hertsmere Community Safety Partnership to contact you to request feedback on the ASB Case Review process once the case has been closed? – Please tick.**

Yes

No

**Signature\***

I confirm that the information given in this ASB Case Review Application Form is correct to the best of my knowledge and belief.

In order to undertake an ASB Case Review we need to share information with partnership agencies. Your details will not be shared with agencies outside of the Hertsmere Community Safety Partnership (CSP) but will be stored in line with Data Protection principles. Please confirm you are willing for disclosure to agencies in order for the review to be investigated (drop down).

By requesting that an ASB Case Review is undertaken, I give my consent for relevant partner agencies to share information.

\*If you select ‘No’ it will be treated as an anonymous ASB Case Review referral, which will not be accepted, however details will be recorded and shared with agencies.

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| --- | --- |
|  |  |
| Signature of ASB Case Review applicant | Date |

**Remember - If you are applying for the ASB Case Review on behalf of someone else who has been affected by anti-social behaviour, their individual written consent must also be provided.**  **The ASB Case Review Application Form will not be processed until their consent has been received.**