Application for an Anti-Social Behaviour Case Review

I have read the document entitled 'ASB Case Review Procedure' and I am now requesting a review of my anti-social behaviour case because I believe I have experienced harassment, alarm and distress and I am unsatisfied with the response. I am making this application within **6 months** of the last report of anti-social behaviour.

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 12 months to the Council, Police, health organisation or my social landlord; or,
- □ I am the victim and although I have not reported anti-social behaviour as above, I request a review due to either the persistence of the problem, or the harm or potential harm caused, or the lack of response from agencies.

| Name of applicant | |
|---------------------|--|
| Address | |
| Date of birth | |
| Telephone number(s) | |
| E-mail address | |
| Date | |

If you are making this request on behalf of another person please complete the section below:

| Name of representative | |
|---|--|
| Address | |
| Telephone number(s) | |
| E-mail address | |
| Relationship to applicant | |
| e.g. relative, carer, local councillor, MP etc. | |
| Is this applicant aware | |
| and consents to you | |
| making a request for a | |
| case review on their | |
| behalf? | |

In order for us to decide if you meet the threshold for an Anti-Social Behaviour Case Review, we need to have details of the incidents (there must be at least 3) that you have previously reported. Please provide the following details:

| Date of incident | Description of ASB | How did this cause you harassment, alarm and distress? | Who did you report this to? 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 | The date on which it was reported (this must be within 1 month of the incident) |
|---------------------|-----------------------|--|---|--|
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| | | | | |

What outcome are you hoping to achieve from the review?

Is there any other information you wish to make the partner agencies aware of?

Completed forms should be sent:

- □ By e-mail to <u>Community.Safety@centralbedfordshire.gov.uk;</u> or,
- □ By post to ASB and Statutory Nuisance Team, Central Bedfordshire Council, Watling House, High Street North, Dunstable, Bedfordshire, LU6 1LF