Anti-social Behaviour Case Review

Data Sharing Information

In order for agencies to consider your request to have your case reviewed, it is necessary for Tendring District

Council to request information from Housing Providers, external agencies and external partners to share

information with each other in order to conduct an "ASB Case Review"

Please tick the box below to confirm that you authorise Tendring District Council to obtain and share information in respect of your case.

ASB Case Review Threshold

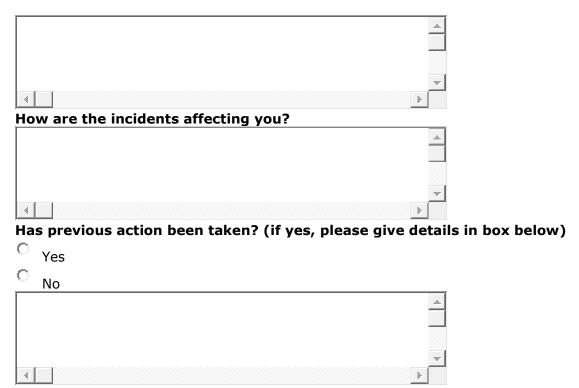
- An application has been received and the victim has made at least three qualifying complaints
- An application has been received and the victim has made at least one qualifying complaint of a Hate Crime nature.

Qualifying Complaint

- The anti-social behaviour was reported within one month of the alleged behaviour taking place; and
- The application to use the "ASB Case Review" is made within six months of the report of the anti-social behaviour.

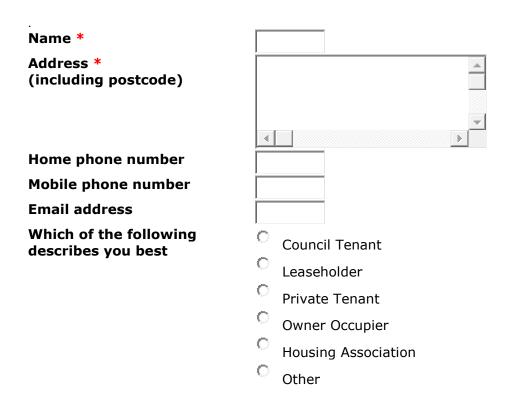
Can you confirm that the incidents you have reported are in relation to:			
	Anti-social Behaviour		
□ Do	Hate Crime you think the incidents/concerns are because of (please tick if appropriate)		
	Ethnicity		
	Religion or Faith		
	Disability		
	Sexual orientation		
	Being transgender		
Dat	None of the above tes Reported		
4	P		
Wh	o have you reported this issue to:		
	Police		
_	Social Services		
	Community Mental Health Team		

	Voluntary Agencies	
	Council	
	Anti-Social Behaviour Team	
	Environmental Health	
	Community Safety	
	School	
	GP (Doctor)	
	Housing Provider	
	Other (please specify below)	
	lease provide names of organisations, contact i umbers below:	name and any reference
		▼
MA/L	that has bannoned?	Þ
VVI	/hat has happened?	
		T
4		Þ
	here have these incidents happened? (i.e. loca ostcode etc)	tion, street name and/or
	,	_
		v
NA/L		van their vale? (in without
	ho was involved in these incidents and what w ctim, perpetrator)	as their role? (le. withess)
		_
Ha	as anyone else witnessed this? (if so, please sp	pecify below)
	and the contract of the contract of	<u> </u>
		▼
	oos this issue offeet more than one havesheld	pr hyginass promises?
υO	oes this issue affect more than one household	or pasifiess breigises:



Your contact details

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



Please provide your landlords contact details, along with the name of your contact officer **Landlords Name Landlords Address** (including postcode) **Landlords Contact** Number **Contact officer** Please provide contact details of your Managing Agent and contact officer if <u>appropriate</u> **Managing Agents Name Managing Agents** Address (including postcode) **Managing Agents Contact Number Contact Officer Equalities monitoring (optional questions)** Gender Male Female Transgender Age 8 - 15 **Sexual Orientation** Heterosexual Homosexual Bisexual Other - Please state below **Religion - Please State** Please give details of any disability **Ethnicity** White

Mixed

0	Asian or Asian British		
0	Black or Black British		
0	Chinese or other		
ethnic group			
0	Refused		

Keeping you informed

We will keep you informed about the progress of your referral.

Our promise is to acknowledge receipt of your referral within 3 working days.

An initial assessment of your referral will be carried out in 10 working days and you will be contacted.

If your referral meets the criteria an officer from an appropriate lead agency will review your situation and agree the appropriate actions within 30 days.