

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
- Hate Crime

Do you think the incidents/concerns are because of (please tick if appropriate)

- Ethnicity
- Religion or Faith
- Disability
- Sexual orientation
- Being transgender
- None of the above

Dates Reported

Who 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)

Please provide names of organisations, contact name and any reference numbers below:

What has happened?

Where have these incidents happened? (i.e. location, street name and/or postcode etc)

Who was involved in these incidents and what was their role? (ie. witness, victim, perpetrator)

Has anyone else witnessed this? (if so, please specify below)

Does this issue affect more than one household or business premises?

How are the incidents affecting you?

Has previous action been taken? (if yes, please give details in box below)

- Yes
 No

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

Name *

**Address *
(including postcode)**

Home phone number

Mobile phone number

Email address

Which of the following describes you best

- Council Tenant
 Leaseholder
 Private Tenant
 Owner Occupier
 Housing Association
 Other

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

appropriate

Managing Agents Name

**Managing Agents
Address (including
postcode)**

**Managing Agents
Contact Number**

Contact Officer

Equalities monitoring (optional questions)

Gender

- Male
 Female
 Transgender

Age

Sexual Orientation

- Heterosexual
 Homosexual
 Bisexual
 Other - Please state below

Religion - Please State

**Please give details of
any disability**

Ethnicity

- White
 Mixed

- Asian or Asian British**
- Black or Black British**
- Chinese or other ethnic group**
- 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.