**ASB Case Review – Application Form**

If you have made **three reports about three separate incidents** of Antisocial Behaviour (ASB) to any agency and you feel the response was inadequate, you may be able to apply for a formal multi-agency review to assess whether further action is possible. The type of ASB incidents you have reported need not be the same type of behaviour, but they must be related in some way. Please complete this application form and we will contact you within five working days.

The Crime & Disorder Act 1998 and the Data Protection Act 1998 allows agencies to share relevant personal and sensitive details appropriately with other partners in Norfolk. Information may be stored on an electronic or web based database and destroyed within a specified period. By completing this form you agree to these conditions.

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| **Complainant/Victim Details** | | | |
| **Complainant’s Name** |  | | |
| **Address** |  | | |
| **Date of Birth** |  | | |
| **Phone No.** |  | **Email** |  |
| **Preferred means of contact:** |  | | |
| **Describe any relevant vulnerabilities** |  | | |

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| **Advocate Details (acting on behalf of another with their permission)** | | | |
| **Name** |  | | |
| **Organisation**  (if applicable) |  | | |
| **Position** |  | | |
| **Phone No.** |  | **Email** |  |

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| **Declaration** | |
| I agree that information about me and my family relevant to my complaint of antisocial behaviour can be shared between organisations for the purpose of investigating my complaints. | |
| **Signature** |  |
| **Date** |  |

In this section please complete the details of the three reports you have made about anti-social behaviour which you want local agencies to review. These incidents must have been reported in the last six months.

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| **Reported Incidents** | | | | |
| **Incident One** | | | | |
| **Date and Time of Incident** |  | | | |
| **Brief Details and**  **Location** |  | | | |
| **Reported to** | **Name** |  | | |
| **Organisation** |  | | |
| **Incident/Crime or Reference No.** |  | | | |
| **Method of Reporting**  **(tick applicable)** | **Phone** | **Email/On-line** | **Written** | **Person** |
| **Action Taken and by Whom?** |  | | | |
| **Incident Two** | | | | |
| **Date and Time of Incident** |  | | | |
| **Brief Details and**  **Location** |  | | | |
| **Reported to** | **Name** |  | | |
| **Organisation** |  | | |
| **Incident/Crime or Reference No.** |  | | | |
| **Method of Reporting**  **(tick applicable)** | **Phone** | **Email/On-line** | **Written** | **In Person** |
| **Action Taken and by Whom?** |  |  |  |  |

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| **Incident Three** | | | | |
| **Date and Time of Incident** |  | | | |
| **Brief Details and**  **Location** |  | | | |
| **Reported to** | **Name** |  | | |
| **Organisation** |  | | |
| **Incident/Crime or Reference No.** |  | | | |
| **Method of Reporting**  **(tick applicable)** | **Phone** | **Email/Online** | **Written** | **In Person** |
| **Action Taken and by Whom?** |  | | | |

In this section please explain why you think your case should be reviewed and describe the current situation and how you want it resolved.

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| **Reason for Requesting a Case Review** | |
| **What is the current situation?** | |
|  | |
| **How are the incidents affecting you?** | |
|  | |
| **Do you think the incidents/concerns are because of (please tick if appropriate)** | |
| Ethnicity  Religion or Faith  Disability  Age  Sexual orientation  Being transgender  None of the above |  |
| **Why are you unhappy with the action taken so far?** | |
|  | |
| **What else would you like to see done to resolve the issue?** | |
|  | |
| **Are you currently receiving support regarding these incidents? Please describe.** | |
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| **Householder Information** | | |
| **Which of the following describes you best?** | | |
| Council Tenant  Leaseholder  Private Tenant  Owner Occupier  Housing Association  Other | Landlord’s Name  (if appropriate) |  |
| Landlord’s Address |  |
| Landlord’s Contact No. |  |
| Contact Officer |  |

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| **Keeping You Informed** |
| We will keep you informed about the progress of your referral.  Our promise is to acknowledge receipt of your referral within 5 working days.  An initial assessment of your referral will be carried out within a further 10 working days and you will be contacted to advise you on how your case will be handled  If your referral meets the criteria for an ASB Case Review the Operational Partnership Team will review your situation and agree the appropriate actions within a further 20 working days. |

Now you have completed the form please send to:

**Norwich Operational Partnership Team**

**Norfolk Constabulary**

**C/O Bethel Street Police Station**

**Norwich, Norfolk**

**NR2 2NN**

**Email address is** [norwichopt@norfolk.pnn.police.uk](mailto:norwichopt@norfolk.pnn.police.uk)