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Application for an Anti-Social Behaviour Case Review (Community Trigger)

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I have read the document entitled ‘ASB Case Review Information & Guidance’ 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 dissatisfied with the response.  
I am making this application within six months of the last report of anti-social behaviour.

Sign Here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate below which of the criteria you believe applies:

* I am the applicant / representative of the applicant and the same problem has been reported 3 or more times in the past 12 months to the Council, Police, Health Organisation or my Social Landlord.

Or

* Anti-social behaviour has previously been reported and being either the applicant or the representative of the applicant, although the criteria as described above does not apply  
  I request a review of the reported anti-social behaviour due to either

1. The persistence of the problem, or
2. The harm or potential harm caused, or
3. The lack of response from agencies.

| Name of Applicant |  | | | Date of birth | | dd / mm / yyyy  \_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| --- | --- | --- | --- | --- | --- | --- |
| Mobile Phone Number | |  | email address | |  | |
| Home Phone Number | |  |
| Address | House Name / Number & Street  Town & County  Post Code | | | | | |

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

| Name of Applicant or Representative |  | Signature of Applicant or Representative |  | Date | \_\_\_ / \_\_\_ / \_\_\_\_\_ |
| --- | --- | --- | --- | --- | --- |
|  |

**Completed forms must be sent to:**

* Email: [**CommunitySafety@luton.gov.uk**](mailto:CommunitySafety@luton.gov.uk)
* Post: **Priority Anti-Social Behaviour Team, Luton Council, Town Hall, Luton, LU1 2BQ**

**Please provide the following details:**

| **Date of 1st Incident** |  | **Which organisation 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. |
| --- | --- | --- |
| **How did this cause you harassment, alarm or distress?** |  |
| **The date on which it was reported**:(this must be within 6 months of the incident occurring) |
| Description of anti-social behaviour   |  | | --- | |  | |  | |  | | | |

| **Date of 2nd Incident** |  | **Which organisation 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. |
| --- | --- | --- |
| **How did this cause you harassment, alarm or distress?** |  |
| **The date on which it was reported**:(this must be within 6 months of the incident occurring) |
| Description of anti-social behaviour   |  | | --- | |  | |  | | | |

| **Date of 3rd Incident** |  | **Which organisation 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. |
| --- | --- | --- |
| **How did this cause you harassment, alarm or distress?** |  |
| **The date on which it was reported**:(this must be within 6 months of the incident occurring) |
| Description of anti-social behaviour   |  | | --- | |  | |  | |  | |  | | | |

**What outcome are you hoping to achieve from the review?**

|  |
| --- |
|  |

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

Further details relating to your request for a case review may be added on additional sheets of paper as necessary.

Which of these best describes the applicant (please tick the relevant box).

| Council  Tenant | Private  Tenant | | Owner  Occupier | Housing  Association  Tenant | Other |
| --- | --- | --- | --- | --- | --- |
| Please provide details of your landlord (if applicable) | |  | | | |

**Equality Monitoring:**

|  | Male | Female | Other | Prefer not to say |
| --- | --- | --- | --- | --- |
| Gender |  |  |  |  |
|  | | | | |
| How would you define your sexual orientation? | Gay | Lesbian | Bi-sexual | Heterosexual |
|  |  |  |  |
| Other | Prefer not to say |  |  |
|  |  |  |  |
|  | | | | |
|  |  | | | Prefer not to say |
| Religion |  |
|  | | | | |
|  |  | | | Prefer not to say |
| Disability |  |
|  | | | | |
|  |  | | | Prefer not to say |
| Ethnicity |  |

**We ask these questions so that we can check that the process is accessible to everyone and that appropriate outcomes are achieved.**

| **General Data Protection Regulation (GDPR)**  This form will be used to assess the level of risk to you and others within your household in relation to the anti-social behaviour that you have reported.  In order to provide you with the best level of service and support, information contained within this form may be shared with additional agencies; this could include Police, Housing, GP/NHS, Mental Health organisations, Children and Adult Services, as well as other supporting agencies.  Please sign to confirm that you understand your data will be shared and provide the details of any organisations below, that you **do not** wish this information to be shared with.  In certain circumstances, I understand my data **MUST** be shared e.g. relating to safeguarding – protecting vulnerable children and adults from harm.  Any organisations specifically excluded from this permission are listed in the boxes below: | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
|  | | |  | | |
| If you exclude any of the Statutory authorities or your housing provider this may affect the outcome of the meeting | | | | | |
| Name of Applicant or Representative |  | Signature of Applicant or Representative |  | Date | \_\_\_ / \_\_\_ / \_\_\_\_\_ |
|  |