**We do not have any powers under the Coronavirus Act 2020 to enforce people not physical distancing. Please** [**report it to Sussex Police**](https://www.sussex.police.uk/tua/tell-us-about/c19/tell-us-about-possible-breach-coronavirus-measures/)**.**

**ANTI-SOCIAL BEHAVIOUR INCIDENT RECORD FORM**

Please note that if you don't want to give any personal details you will not be able to complete the report and we won't be able to contact you if we need more information or evidence from you.

|  |
| --- |
| Your Contact Details |
| **Name** | Mandatory\* |
| **Address** | \* |
| **Postcode** | \* |
| **Telephone** | One telephone number or the other to be completed |
| **Mobile** | One telephone number or the other to be completed |
| **Email** | \* |
| **Date ASB report made** | DD/MM/YYYY\* |
| **Are you \*** | An owner/occupier 🞏 In private rented accommodation 🞏 In social housing 🞏 |
| **If you are in private rented accommodation who is your landlord?** | Only if the private rented accommodation box is tickedProvide contact information:Name, email phone number |
| **If you are in social housing who is the housing provider?** | Only if the Social Housing Box is ticked |
| **Preferred method of contact\*** | Telephone 🞏Mobile 🞏Email 🞏 |

**Report of incident(s)**

|  |
| --- |
| Incident One |
| Date\* | DD/MM/YYYY |
| What happened?\*Full details of incident (include names if known or description of: all persons involved, including clothing, direct speech (heard or said), vehicles used (including registration numbers), bicycles used (colours & description) | No less than 300 characters |
| Full details of behaviour: (include gestures made, body language displayed etc.) \*   |  |
| Where did it take place?\* |  |
| What I did (include as much detail as possible including actions & conversations:\* |  |
| Did this behaviour cause you to feel harassed, alarmed or distressed? \*YES/NO |  |
| How has it affected you?\*Can you say how much you were disturbed i.e. Were you prevented from sleeping, watching television, enjoying the garden, what was the disturbance caused to the neighbourhood? Were you prevented from enjoying a specific activity?  | No less than 300 characters |
| Have you had any health problems associated with the Anti Social Behaviour you have experienced. \* YES/NO | Of yes what are they and were they pre existing conditions? |
| Who did you report it to?\*All 4 categories can be ticked | NO – This is my first reportPoliceCouncilHousing ProviderHomeWorksOther (free text)If yes to any of the agencies or other category they need to go to the next 3 sections highlighted yellow, if no move onto the witness section. |
| Were you given a reference number or name of who would be dealing with it? Please provide these details if you can remember… | If yes box to pop up for details, reference no, how reported when reported who reported to. |
| Was a SCARF or HARA (a risk assessment) completed? | If yes, who by, from which agency? |
| What response did you get to this report? \* |  |
| Are there other witnesses who can corroborate the incident? YES/NO \*  | If yes box to pop up for details, name, address, contact information etc. |
| How often is this ASB happening:\* | OnceDailyWeeklyMonthlyMore than once – If more than once free text to say how often. |
| Do you have more than once incident to report that has happened on the last 6 months?\* | YES if yes they will need to complete another report of that incident on another tab in this form when you have completed this one.NO |

Additional information

|  |
| --- |
| Please use the space below to provide any additional information which you feel is relevant |
|  |

Declaration

*I confirm that the information I have provided is accurate and I understand that information provided will be shared with the relevant agencies and individuals necessary to carry out the investigation into the Anti Social Behaviour that I have submitted.* Tick Box to confirm agreement.

Name:

Organisation if third party report

Date:

Then if the form is complete it can be submitted online and an email response sent to the person completing the form and to community.safety@rother.gov.uk

Back office only

OFFICE USE ONLY to be included in Firmstep as our internal checking tool and for audit purposes.

|  |  |
| --- | --- |
| Date form received |  |
| **Firmstep reference number** |  |
| **Is this an appropriate report for Community Safety to deal with? YES/NO** | If no report to be forwarded to the correct department or agency.Environmental Health PollutionNeighbourhood ServicesPlanning Private sector housingHousingPolice Social Housing ProviderOther – free text |
| **Date referral made to other agency or department** | DD/MM/YYYY |
| **Have the criteria for ASB that Community Safety will deal with been met** | YES NO  |
| **Action to be taken**  | YES NO No action to be taken  |
| **M3 case created?** | YES  if yes M3 work sheet numberNO No action to be taken  |
| **ECINs case created?** | YES  if yes ECINs case numberNO No action to be taken  |