



ASB Case Review Form

The ASB Case Review is a process you can use to ask agencies to review their response to anti-social behaviour or hate incidents you have reported. This is the ASB Case Review form. In an emergency, please contact the relevant emergency service - police, fire or ambulance - on 999.

Please complete this form as fully as possible.

Your Contact Details

Name

Address, including postcode

Telephone

Email

Which of these best describes you?

- | | |
|---------------------------------------------|--------------------------|
| Council tenant (including leasehold) | <input type="checkbox"/> |
| Private Tenant | <input type="checkbox"/> |
| Owner Occupier | <input type="checkbox"/> |
| Housing Association | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If you're a tenant, please provide the name of your landlord and contact details:

Incident Details

Please give details of Incident One

Date

What happened?

Where did it take place?

How has it affected you?

Who did you report it to?

Were you given a reference number? If so, what was it?

What response did you receive to this first report?

Incident Details

Please give details of Incident Two

Date

What happened?

Where did it take place?

How has it affected you?

Who did you report it to?

Were you given a reference number? If so, what was it?

What response did you receive to this second report?

Incident Details

Please give details of Incident Three

Date

What happened?

Where did it take place?

How has it affected you?

Who did you report it to?

Were you given a reference number? If so, what was it?

What response did you receive to this third report?

Incident Details

Additional information

Please use the space provided to let us know of any additional information you feel is relevant

Equalities Monitoring (optional questions - you do not have to answer all questions)

Gender

Male

Female

Transgender

Other

Age

Sexual Orientation

Incident Details

- Bi-sexual
- Same sex preference - (Lesbian / Gay)
- Heterosexual
- Don't know
- Prefer not to say

Other

Religion – please state

Disability
Yes or No

If Yes – then please provide details

Ethnicity – please select

Indian	Caribbean	White and Black Caribbean	White - British
Pakistani	African	White and Black African	White - Irish
Bangladeshi	Any other Black background	White and Asian	Any other White background
Any other Asian Background	Chinese	Any other Mixed background	Any other Ethnic background

Incident Details

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Declaration

I confirm that the information given in the above form is correct to the best of my knowledge.

Please sign

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Return to: csp@westmorlandandfurness.gov.uk