## Anti-Social Behaviour Case Review Application Form

For assistance completing the Anti-Social Behaviour Case Review Application Form, please see the separate Guidance Notes or contact [asb@chesterfield.gov.uk](mailto:asb@chesterfield.gov.uk)

*\* Indicates questions which must be completed. There are additional questions for you to provide more information to support your application, if you wish.*

**Q1. On what basis are you making this application for an Anti-Social Behaviour Case Review?\***

*Please ensure you meet the Anti-Social Behaviour Case Review threshold, detailed in the Guidance Notes that accompany this application form.*

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|  |  | a – I am the person affected by the anti-social behaviour and have made three or more qualifying complaints, within the last six months. *Go to Q3* |
|  |  |  |
|  |  | b – I am acting on behalf of the person affected by the anti-social behaviour, who has made three or more qualifying complaints, within the last six months. *Go to Q2* |

**Q2. Details of the applicant who is acting on behalf of the person(s) affected by the anti-social behaviour \*** (*Required if 1b ticked*)

*If you are acting on behalf of someone else, complete your details then go to Q3*

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Name:** |  | | |
| **\*Address:** |  | | |
| **\*Daytime No:** |  | **Mobile No:** |  |
| **E-mail:** |  | | |

**Q3. Details of the person affected by the anti-social behaviour\***

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Name:** |  | | |
| **\*Address:** |  | | |
| **\*Daytime No:** |  | **Mobile No:** |  |
| **E-mail:** |  | | |

**Q4. Briefly describe the type of anti-social behaviour you have been experiencing.\*** *(individual incidents are to be detailed at Q5)*

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**Q5. Please provide details of the anti-social behaviour incidents – who reported the incidents, when they were reported, who they were reported to and how.\***

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| --- | --- | --- | --- | --- | --- |
| **Incident date** | **Incident details** – ie what happened? | **Reported by** | **Date reported** | **Agency reported to** | **How reported**  eg writing, telephone, in person, online |
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If there are more than five reported incidents of anti-social behaviour, please attach a separate sheet with the details.**Q6. How has the anti-social behaviour affected you/the person you are acting on behalf of?**

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**Q7. What action has been taken, to your knowledge?**

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**Q8. What further action are you hoping for?**

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**Q9. Have you any special circumstances that we need to take into consideration? If so, please provide details.**

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**Q10. Please provide any other information relevant to your application.**

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|  |

**Signature\***

|  |  |  |
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|  |  | I confirm that the information given in this Anti-Social Behaviour Case Review Application Form is correct to the best of my knowledge and belief. |

**In order to undertake an Anti-Social Behaviour Case Review, we (the ‘relevant bodies’) need to share information. In some cases, it may be necessary to share information with other partners, that we consider appropriate to be involved in the review process, to help resolve your case. Full information about how we will share information is detailed within the Guidance Notes for the Anti-Social Behaviour Case Review Application Form and our** [**Privacy Notice**](https://www.chesterfield.gov.uk/your-council/your-chesterfield/data-protection-privacy-notice/health-and-environmental-services/community-safety-partnership-privacy-notice)**.**

|  |  |  |
| --- | --- | --- |
|  |  | By requesting that an Anti-Social Behaviour Case Review is undertaken, I acknowledge, and understand, that the ‘relevant bodies’, and other partners as necessary, will share personal information they hold about me in order to progress a review of my case. |

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| --- | --- |
|  |  |
| Signature of Anti-Social Behaviour Case Review applicant | Date |

**Remember - If you are applying for the Anti-Social Behaviour Case Review on behalf of someone else who has been affected by anti-social behaviour, their individual written consent, or evidence of your authority to act (eg Power of Attorney), must also be provided.** **The Anti-Social Behaviour Case Review Application Form will not be processed until their consent / evidence has been received.**

|  |  |  |
| --- | --- | --- |
|  |  | I confirm that I give my permission for the person detailed at Q2 to apply for the Anti-Social Behaviour Case Review on my behalf. |

|  |  |  |
| --- | --- | --- |
|  |  | I confirm that I give my permission for all relevant bodies’, and other partners as necessary, to share information about this Anti-Social Behaviour Case Review application with the person detailed at Q2. |

|  |  |
| --- | --- |
|  |  |
| Signature of person experiencing anti-social behaviour, if different to the applicant | Date |

Please send your completed Anti-Social Behaviour Case Review application form to: [asb@chesterfield.gov.uk](mailto:asb@chesterfield.gov.uk)