

# Anti-social Behaviour Case Review

## Data Sharing Information

In order for agencies to consider your request to have your case reviewed, it is necessary for Basildon Borough Council to request information from Housing Providers, external agencies and external partners to share information with each other in order to conduct an "ASB Case Review"

Please tick the box below to confirm that you authorise Basildon Borough Council to obtain and share information in respect of your case.

### **ASB Case Review Threshold**

- Three Incidents of ASB reported within the last 6 months where the victim considers no action has been taken
- 1 incident of Hate Crime nature reported in the last 6 months where the victim considers no action has been taken

### **Qualifying Complaint**

- The anti-social behaviour was reported within a month of the alleged behaviour taking place; and
- The application to use the "ASB Case Review" is made within six months of the report of the anti-social behaviour

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**Can you confirm that the incidents you have reported are in relation to:**

- Anti-social Behaviour
- Hate Crime

**Do you think the incidents/concerns are because of (please tick if appropriate)**

- Ethnicity
- Religion or Faith
- Disability
- Sexual orientation
- Being transgender
- None of the above

## Dates Reported

## Who have you reported this issue to:

- Police
- Social Services
- Community Mental Health Team
- Voluntary Agencies
- Council
- Anti-Social Behaviour Team
- Environmental Health
- Community Safety
- School
- GP (Doctor)
- Housing Provider
- Other (please specify below)

**Please provide names of organisations, contact name and any reference numbers below:**

**What has happened?**

**Where have these incidents happened? (i.e. location, street name and/or postcode etc)**

**Who was involved in these incidents and what was their role? (ie. witness, victim, perpetrator)**

**Has anyone else witnessed this? (if so, please specify below)**

**Does this issue affect more than one household or business premises?**

**How are the incidents affecting you?**

**Has previous action been taken? (if yes, please give details in box below)**

- Yes
- No

## **Your contact details**

Please provide your details so that we can contact you. If you are completing this form on behalf of a friend/relative/client of your service, please provide details of the person affected by this situation. We will use this to ask you any further questions or provide feedback on your referral if necessary

Name

Address including postcode

Home phone number

Mobile phone number

Email Address

**Which of the following describes you best**

- Council Tenant
- Leaseholder
- Private Tenant
- Owner Occupier
- Housing Association
- Other

**Please provide your landlords name along with the name of your contact officer**

Name

Address including postcode

Landlord contact Number

Contact Officer

**Please provide contact details of your Managing Agent and contact officer if appropriate**

Managing Agents Name

Managing Agents Address  
(including postcode)

Managing Agents Contact  
Number

Contact Officer

**Equalities monitoring (optional questions)**

**Gender**

- Male
- Female
- Transgender

**Age**

**Sexual Orientation**

- Heterosexual
- Homosexual
- Bisexual
- Other - Please state below

**Religion**

**Please give details of any disability**

**Ethnicity**

- White
- Mixed
- Asian or Asian British
- Black or Black British
- Chinese or other ethnic group
- Refused

**Keeping you informed**

We will keep you informed about the progress of your referral.

Our promise is to acknowledge receipt of your referral within 3 working days.

An initial assessment of your referral will be carried out in 10 working days and you will be contacted.

If your referral meets the criteria an officer from an appropriate lead agency will review your situation and agree the appropriate actions within 30 days.