

ANTI-SOCIAL BEHAVIOUR (ASB) CASE REVIEW



The ASB, Crime and Policing Act 2014 has introduced the ASB Case Review as a new measure designed to give victims and communities the right to require action is taken where an ongoing problem has not been addressed. The process is designed to make sure that we work together to try and resolve complaints about anti social behaviour. The ASB Case Review helps us and you by making sure that no-one suffering the effects of anti social behaviour falls through the net. It will also ensure that all that can be done is being done.

If you have already reported a problem to the Council, health, police or housing provider, the ASB Case Review is a way for you to ask the agencies to review your case providing you meet the threshold for a review.

ASB Case Review Threshold

- You (or a person you are acting on behalf of) have complained to the Council, Essex Police and/or housing provider **THREE** times about **SEPARATE** incidents of anti-social behaviour within one month of the alleged behaviour; and
- The application to use the ASB Case Review is made within six months of the report of the anti-social behaviour

OR

- You (or a person you are acting on behalf of) have complained to the Council, Essex Police and/or housing provider about an incident of Hate Crime within one month of the alleged behaviour; and
- The application to use the ASB Case Review is made within six months of the report.

If you meet the above criteria then please complete the ASB Case Review application and return to:

Daniel Cannon
Brentwood Borough Council
Town Hall
Ingrave Road
Brentwood
Essex CM15 8AY
Email: daniel.cannon@brentwood.gov.uk
Tel No. 01277 312692

Application for an ASB Case Review

Information Sharing Agreement

In order for agencies to consider your application for an ASB Case Review it will be necessary for Brentwood Borough Council to request information from external agencies and partners including the police, health and housing providers who all have a statutory duty to undertake case reviews and for them to share information with each other.

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

1. Reporting information

What are you requesting a review for?

Anti-Social Behaviour

Hate Crime

Which dates did you report these incidents? (if you are reporting Hate Crime you only need to provide one date)

Incident 1

Day Month Year

Incident 2

Day Month Year

Incident 3

Day Month Year

Who have you reported this issue to?

Police

Housing Provider

Community Safety

Environmental Health

Community Mental Health Team

School

GP (Doctor)

Voluntary Agency

Council

Other (please specify below)

Please provide name or organisation, contact name, and any reference numbers below:

Do you believe the incident occurred because of any of the following? (Please tick if appropriate)

Ethnicity

Religion or Faith

Disability

Sexual Orientation

Being Transgender

None of the above

2. About the incident

Does the issue affect more than one household or business?

Yes

No

Where did the incident/s happen? Please include street name and postcode

Who was involved and their role (victim or perpetrator)?

What happened?

Did anyone else witness the incident/s? If so please provide their details

Please use the box below to highlight how this has affected you

Has previous action been taken?

Yes

No

If **YES** please provide details below:

3. About you

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

Postcode

Home Phone Number

Mobile Phone Number

Email Address

Which of following best describes your current living arrangements?

Council Tenant

Housing Association

Leaseholder

Owner Occupier

Private Tenant

Other (please specify below)

Please provide details of your landlord along with the name of any contact/officer

Landlord Name

Address

Postcode

Telephone Number

Contact/Officer Name

Email Address

Please provide details of your Managing Agent along with the name of any contact/officer (if appropriate)

Management Agent

Address

Postcode

Telephone Number

Contact/Officer Name

Email Address

Equalities monitoring (optional questions)

Gender:

Male Female Transgender

Age:

Sexual Orientation:

Heterosexual Homosexual
 Bisexual Other (please state below)

Religion (Please State)

Please give details of any disability

Ethnicity (Please State)

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.