**Anti-Social Behaviour Case Review Form**

**(formerly Community Trigger)**

The Anti-Social Behaviour Case Review is a process for residents to request for a review of anti-social behaviour complaints they have made.

This process can be used for ASB complaints reported to the Police, the Council, Health Services or a registered provider of social housing. The review is carried out through collaboration with these agencies, sharing information, and working together to achieve best outcomes.

We will only review cases when you have reported three separate incidents in the past six months to either the Police, the Council, Health Services or a Registered Housing Provider (social landlord) and you consider no action has been taken.

The Anti-Social Behaviour Case Review cannot be used if a formal complaint has already been raised with the Council or the Police. It does not replace the complaint procedures of individual organisations, nor does it impact your right to escalate the matter to the Local Government Ombudsman or the Independent Office for Police Conduct (IOPC).

**If you meet the review threshold, please complete the form below**.

You will be notified if your case does not meet the threshold. Should you wish to pursue the matter further, you are welcome to follow the Council's complaint procedure <https://www.hounslow.gov.uk/info/20158/customer_services/1402/make_a_complaint_or_comment/2>

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| --- | --- |
| Your name: |  |
| Your address: |  |
| Your contact number. |  |
| Your email: |  |
| How would you prefer us to get in touch with you |  |

**Details of other persons linked to the case i.e., victims, witnesses and/or perpetrators**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | DOB | Victim/Witness/Perpetrator |
|  |  |  |  |

|  |
| --- |
| **Incident One**  |
| Date of Incident: |
| What happened? |
| Where did it take place?  |
| How has it affected you?  |
| Who did you report it to?  |
| If given a reference number, please state it.  |
| What response did you get to this first report?  |

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| **Incident Two**  |
| Date of Incident: |
| What happened? |
| Where did it take place?  |
| How has it affected you?  |
| Who did you report it to?  |
| If given a reference number, please state it.  |
| What response did you get to this second report?  |

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| **Incident Three** |
| Date of Incident: |
| What happened? |
| Where did it take place?  |
| How has it affected you?  |
| Who did you report it to?  |
| If given a reference number, please state it.  |
| What response did you get to this third report?  |

**Are you or have you worked with any other agencies on this case?**

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| --- |
| **Yes/No**  |

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| --- |
| **If yes, please provide known details below:** |

|  |  |  |
| --- | --- | --- |
| Contact name | Agency name  | Contact Number |
|  |  |  |
|  |  |  |

**Is the case closed to those agencies?**

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| --- |
| **Yes/No** |

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| --- |
| If yes, date of closure: |

**Has a formal complaint been made through the Councils complaint’s procedure, the Local Government Ombudsman or the Independent Office for Police Conduct (IOPC).**

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| --- |
| **Yes/No** |

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| --- |
| If yes: What date was this submitted:  |

Once completed please return to:

Email: community.safety@hounslow.gov.uk

or

Post: Safer Communities Team, Hounslow House, 7 Bath Road, Hounslow, Middlesex, TW3 3EB

If you require support to complete the form, please email community.safety@hounslow.gov.uk or call on 020 8583 2503 (Office Hours) and a member of the team will reach out to you to assist you.

Please be advised that anonymous applications cannot not be accepted.