

**Anti-Social Behaviour Reporting Form**  
(Received by telephone or in person)

Date reported:	
Name of Colleague taking the ASB complaint:	

<b>Complainant's Details</b>	
Full Name:	
Address:	
Telephone Number:	
Email Contact:	
Are you a Horton/Chartford Housing tenant?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please tell us the name of your support worker or housing officer:	
<b>Complaint Details</b>	
Is the complaint in relation to a Horton (HHA/CHL) Tenant?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide Name and address of tenant if known:	
Tenant Name:	
Tenant Address:	
Date/s of incident/s:	
Time/s of Incident/s:	
Description of incident/problem:	
Is this the first time this has happened?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If No, please confirm details of previous incidents:	
Do any incidents involve Racial Abuse or Harassment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please give any further details not already recorded.	

Name and address of other witnesses (if any) :	
Have you spoken to anyone else about your complaint e.g. have you spoken to the Police or other agency?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please tell us who, when and which agency?	
If reported to the Police, crime reference number:	
Details of any further information you would like to include:	
Please tell us what you would like to happen/what outcome you are looking for:	
Record any immediate advice or support provided to the complainant:	
Is there any further support, information or safety precautions required?	
Explain the process of what happens next.	
Does the complainant have a preferred method of being kept informed throughout the investigation process?	No preference <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Other <input type="checkbox"/>
If the complainant is a Horton tenant, ensure details are recorded in the individual's case notes	
<b>For Internal Use</b>	
Date ASB complaint passed to Service Manager:	
Case Number: e.g. Qtr1 22/23 ASB 1 <i>(The quarter period 1,2,3,4 plus year and numerical order of ASB complaints received during this period)</i>	Qtr
Formal Only – Date ASB Complaint passed to Sue Atkinson, Services Director	
Name of ASB Investigation Officer:	
Name of ASB liaison colleague:	
<b>Please attach/store this reporting form with the Investigation Progress and Actions Log</b>	