

Anti-Social Behaviour & Racial Harassment Complaint Form

Please complete this form and then either:

- Post to: ASB Section, Hobson House, 44 St. Andrews Street, Cambridge, CB2 3AS
- Fax to: 01223 457859
- Email to: asbsection@cambridge.gov.uk

Complainants Personal Details

NAME:
DATE OF BIRTH:
ADDRESS:
POST CODE:
TENURE: Owner Occupier <input type="checkbox"/> Council Tenant <input type="checkbox"/> Leaseholder <input type="checkbox"/> OTHER (PROVIDE DETAILS)
ETHNIC ORIGIN: OTHER (PLEASE SPECIFY) INTERPRETER REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/> LANGUAGE:
PHONE:
WORK PHONE:
MOBILE:
E-MAIL:

Offence Details

First Incident

TIME:
DATE:
LOCATION:
PLEASE PROVIDE AS MUCH DETAIL OF THE INCIDENT AS YOU CAN: <i>(Include how long the ASB has been occurring, how it has affected you)</i>
WAS THIS INCIDENT RACIALLY MOTIVATED? Yes <input type="checkbox"/> No <input type="checkbox"/>
HAVE YOU REPORTED THIS MATTER TO ANYONE? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, WHO & WHAT WAS THEIR RESPONSE?
IS THERE ANY OTHER EVIDENCE: <i>(CCTV, Photographic)</i>
HAVE YOU TAKEN ANY ACTION?
ARE YOU PREPARED TO GO TO COURT? Yes <input type="checkbox"/> No <input type="checkbox"/>

Second Incident

TIME:
DATE:
LOCATION:
PLEASE PROVIDE AS MUCH DETAIL OF THE INCIDENT AS YOU CAN: <i>(Include how long the ASB has been occurring, how it has affected you)</i>

WAS THIS INCIDENT RACIALLY MOTIVATED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HAVE YOU REPORTED THIS MATTER TO ANYONE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES, WHO & WHAT WAS THEIR RESPONSE?		
IS THERE ANY OTHER EVIDENCE: (CCTV, Photographic)		
HAVE YOU TAKEN ANY ACTION?		
ARE YOU PREPARED TO GO TO COURT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Third Incident

TIME:		
DATE:		
LOCATION:		
PLEASE PROVIDE AS MUCH DETAIL OF THE INCIDENT AS YOU CAN: <i>(Include how long the ASB has been occurring, how it has affected you)</i>		
WAS THIS INCIDENT RACIALLY MOTIVATED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HAVE YOU REPORTED THIS MATTER TO ANYONE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES, WHO & WHAT WAS THEIR RESPONSE?		
IS THERE ANY OTHER EVIDENCE: (CCTV, Photographic)		
HAVE YOU TAKEN ANY ACTION?		
ARE YOU PREPARED TO GO TO COURT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Fourth Incident

TIME:		
DATE:		
LOCATION:		
PLEASE PROVIDE AS MUCH DETAIL OF THE INCIDENT AS YOU CAN: <i>(Include how long the ASB has been occurring, how it has affected you)</i>		
WAS THIS INCIDENT RACIALLY MOTIVATED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HAVE YOU REPORTED THIS MATTER TO ANYONE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES, WHO & WHAT WAS THEIR RESPONSE?		
IS THERE ANY OTHER EVIDENCE: (CCTV, Photographic)		
HAVE YOU TAKEN ANY ACTION?		
ARE YOU PREPARED TO GO TO COURT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Alleged Offender(s)

First Offender

NAME:		
AGE:		
ADDRESS:		
ETHNIC ORIGIN (IF KNOWN):		
TENURE:	Owner <input type="checkbox"/>	Occupier <input type="checkbox"/>
	Council Tenant <input type="checkbox"/>	Leaseholder <input type="checkbox"/>
OTHER (PROVIDE DETAILS)		
HOW DO YOU KNOW THE OFFENDER?		

Description (optional)

MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
ALIAS:	
GRAFFITI TAG:	

APPROXIMATE AGE:
ETHNIC APPEARANCE:
HEIGHT:
WEIGHT:
BUILD:
HAIR COLOUR:
HAIR STYLE:
FACIAL HAIR:
OTHER:

Second Offender

NAME:
AGE:
ADDRESS:
ETHNIC ORIGIN (IF KNOWN):
TENURE: Owner Occupier <input type="checkbox"/> Council Tenant <input type="checkbox"/> Leaseholder <input type="checkbox"/>
OTHER (PROVIDE DETAILS)
HOW DO YOU KNOW THE OFFENDER?
OTHERS INVOLVED

Description (optional)

MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
ALIAS:
GRAFFITI TAG:
APPROXIMATE AGE:
ETHNIC APPEARANCE:
HEIGHT:
WEIGHT:
BUILD:
HAIR COLOUR:
HAIR STYLE:
FACIAL HAIR:
OTHER:

Other Witness Details

Witness 1

NAME:
ADDRESS:
PHONE:

Witness 2

NAME:
ADDRESS:
PHONE: