

## ASB Casefile Review Application Form



Please delete as appropriate\*

\*I am applying for a review of my Anti-social behaviour case.

\*I am applying on behalf of someone else and **I have their consent to do so**

(Signature required of person(s) you are applying for) .....print name.

This application is to ask for a case review of ASB that has been reported to an agency within the **last six months.**

Please provide the following details:  Name:  Address:   Post code:  Telephone:  Email:	Please circle your residential status.  Own your property.  Social housing tenant  Private rent tenant  Shared accommodation  Housing association Other please add further details below.
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Please circle below the main reasons for your application, if it isn't listed below, please add further details below in the table

No action taken against your initial complaint.	Lack of communication from relevant organisations	Other / further detail
Not satisfied with the action taken against your initial complaint	Action taken didn't stop the reported behaviour	

Please provide details including names and reference numbers of where you have reported this/these incidents to in the past	
Lead case officer	
Agency / organisation	
Case / reference number	
Date case opened	

Where and when did the ASB occur? Please provide as much detail as possible. Please attach any relevant documents associated with your case (log sheets, letters, Police incident numbers etc)	
Location of the issues	

Relevant information

Please give brief details of what action was taken by the agencies involved.  
Please note all relevant information linked to the case:

How has this ASB affected you?

Please include members of your family if relevant:

Is there anyone else in the community you know has been directly affected by the ASB?  
Relevant details below:

So that we can find out more about your case, please confirm that you consent to your details being passed to other agencies involved **Yes / No**

Have you contacted any other agency with this complaint?

Once complete you can either email this form to [contactus@eastcambs.gov.uk](mailto:contactus@eastcambs.gov.uk) or post to.

ASB Casefile Lead, Community Safety Team, East Cambridgeshire District Council, Nutholt Lane, ELY, Cambridgeshire, CB7 4EE

This application will be entered on to our systems and you will receive a confirmation letter within 3 working days of receipt this explaining the next steps.