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Anti – Social Behaviour

Incident Diary

**For you to fill in:**

Name: ………………………………………………………….

Address: …………………………………………………………

……………………………………………………………………..

………………………………………Post Code…………………

Telephone ……………………………………………………….

Email ………………………………………………………………

**For Safer Neighbourhood Team to Complete**

Date of 1st Complaint………………………………………………

Review Date…………………………. Diary Number ……………

**Tackling Anti-Social Behaviour:**

**Please keep your ASB diary somewhere handy and accessible**

Anti-social behaviour can take many forms from Neighbour disputes to wider community issues and can often be resolved by those involved calmly talking to each other. Action can be taken to assist you if this approach Fails or if the behaviour is very anti-social.

We can only help if we know in detail what is going on. You can make this possible by keeping a diary of everything that happens. We can work out together the best way to sort out your problem.

Make sure you keep to these five simple rules.

1. This diary is your own personal record of what you see and hear, you should not write down something that anyone else (including Wife, husband, or partner) has witnessed.
2. You should fill in the diary as soon as possible, while the incident is still fresh in your mind.
3. Fill in one sheet for each incident. If there is a second incident on the same day /night, Start a new sheet. Put your name, signature, and date at the bottom of the sheet.
4. Write down everything you see or hear in as much detail as possible. A general summary is not as useful as a word for word account. So, you should include any swearwords, witting such words may be upsetting but it gives a better understanding of what happened and how it has affected you.
5. Try to identify people involved on each occasion. If you do not know the full name of the people, you are making a report about, but you know a nickname, or they have identifying characteristics (clothing hairstyle etc) put this down.

**Other Evidence**

If you can, it is a good idea to collect other evidence to back up the diary. Photographs can help in some cases, Put the time and date the photograph was taken on the back and sign it, you could consider making an audio or video recording however do not do this if it puts you at risk of harm or further harassment.

**ASB Incident Diary Record 1**

Date of Incident ………………………………………

Time Started …………………………………. Time Finished ……………………….

Police incident / reference number (if known) ……………………………………….

Where did It Happen:

What Happened:

Who was involved?

Did Anyone else witness this Yes / No

Name ………………………………………………………………………………………

Address ……………………………………………………………………………………

How did the incident make you feel?

Did you report it to other agencies Housing / Social Care etc Yes / No

Signature Date

**ASB Incident Diary Record 2**

Date of Incident ………………………………………

Time Started …………………………………. Time Finished ………………………...

Police incident / reference number (if known) ……………………………………….

Where did It Happen:

What Happened:

Who was involved?

Did Anyone else witness this Yes / No

Name ………………………………………………………………………………………

Address ……………………………………………………………………………………

How did the incident make you feel?

Did you report it to other agencies Housing / Social Care etc Yes / No

Signature Date

**ASB Incident Diary Record 3**

Date of Incident ………………………………………

Time Started …………………………………...Time Finished ………………………...

Police incident / reference number (if known) ………………………………………...

Where did It Happen:

What Happened:

Who was involved?

Did Anyone else witness this Yes / No

Name ………………………………………………………………………………………

Address ……………………………………………………………………………………

How did the incident make you feel?

Did you report it to other agencies Housing / Social Care etc Yes / No

Signature Date

**ASB Incident Diary Record 4**

Date of Incident ………………………………………

Time Started …………………………………...Time Finished ………………………...

Police incident / reference number (if known) ………………………………………...

Where did It Happen:

What Happened:

Who was involved?

Did Anyone else witness this Yes / No

Name ………………………………………………………………………………………

Address ……………………………………………………………………………………

How did the incident make you feel?

Did you report it to other agencies Housing / Social Care etc Yes / No

Signature Date

**ASB Incident Diary Record 5**

Date of Incident ………………………………………

Time Started …………………………………...Time Finished ………………………...

Police incident / reference number (if known) ………………………………………...

Where did It Happen:

What Happened:

Who was involved?

Did Anyone else witness this Yes / No

Name ………………………………………………………………………………………

Address ……………………………………………………………………………………

How did the incident make you feel?

Did you report it to other agencies Housing / Social Care etc Yes / No