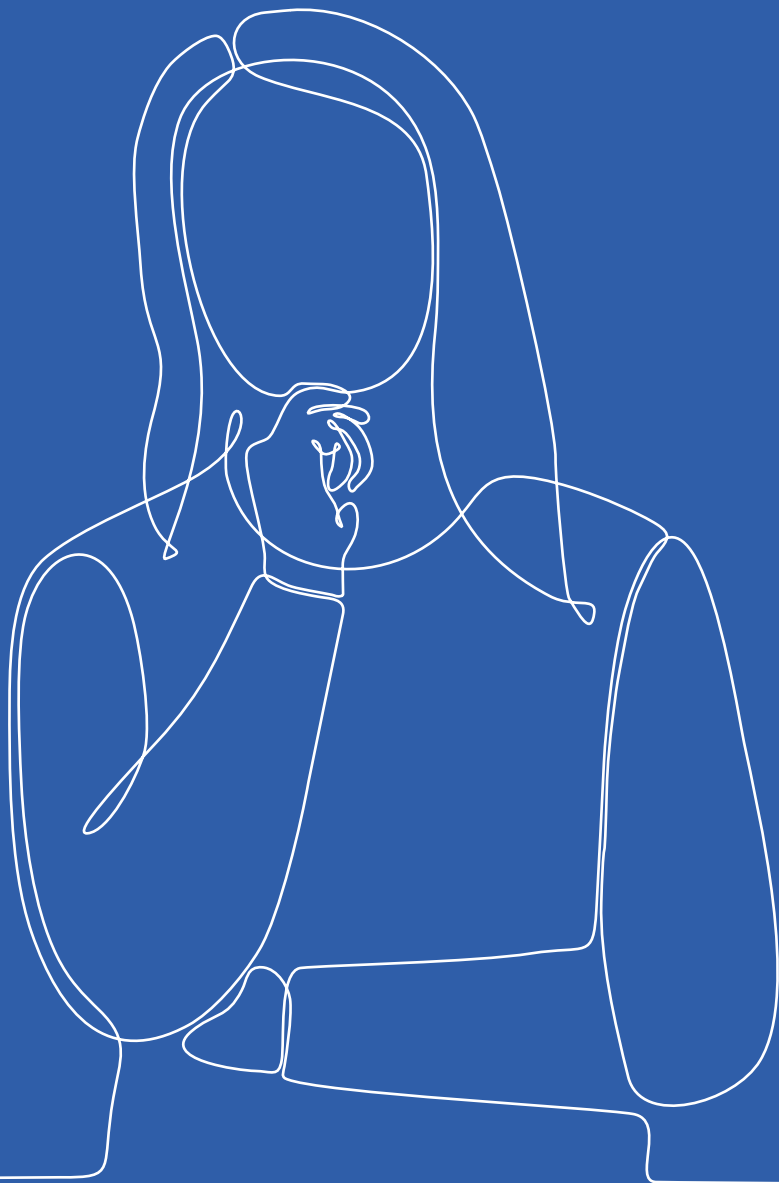


Anti-social behaviour

Incident diary



Anti-social behaviour

Incident diary

Case officer:

Case number:

Your name:

Your address

Postcode:

Your contact number:

Your email:

Introduction

Anti-social behaviour is behaviour which has a negative impact on you and your neighbours' lives. It can include; nuisance, harassment, hate crime, domestic abuse, serious acts of violence and threats of harm. Prevention, early intervention and support are all key to tackling anti-social behaviour, backed by a full range of enforcement powers. Great Places can only act against perpetrators of anti-social behaviour if there is evidence. As well as using other tools, you can help by keeping a log of incidents that you witness using this diary.

How to complete your diary

1. This diary is your own personal record of what you see and hear; you can't write down anything that other people (including those in your household or visitors) have witnessed. They will need to complete their own diary.
2. You must fill in the diary as soon as possible, whilst the incident is still fresh in your mind to prevent details from being lost.
3. Fill out one section per incident.
4. Write clearly and exactly how you saw or heard the incident. For example, if the perpetrator used a particular offensive word, write this down, rather than 'used abusive language'.
5. For any help or support with filling out this diary, contact your Neighbourhood Services Manager or our Customer Hub.

Other evidence

Make sure you keep any other evidence (photos dated and signed, recordings etc), which will help you if the case goes to court. For help, please speak to your Neighbourhood Services Manager.

If you or someone else is at immediate risk of harm, please call the Police on 999 straight away.

Incident 1

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 2

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 3

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 4

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 5

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 6

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 7

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 8

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 9

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 10

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 11

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 12

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 13

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 14

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 15

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 16

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 17

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 18

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 19

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Incident 20

Date/time:

Person/people involved

Location of incident

Who have you reported this to?

What happened?

How did it make you feel

Additional information

Name:

Date:

Sample incident

Date/time:

Sunday 6 April 2010, 10pm till 12midnight.
.....

Person/people involved

Mark Glover, 25 Chipstead Walk.

Location of incident

21 Chipstead Walk.
.....

Who have you reported this to?

My son Jack phoned the police. PC Jones (badge 1234) from the local police station came.

What happened?

I heard a banging outside, I looked out of my living room window and saw Mark Glover kicking the front door. He shouted to the person inside "open the door or you're dead!". My son Jack then phoned the police by dialling 999.

How did it make you feel

I was absolutely terrified! Mark Glover was in such a rage, it was lucky that my son was in the house at the time, otherwise I wouldn't have known what to do.

Additional information

I feel unsafe in my home and it's affecting my health, I'm not wanting to go out of doors to do the simple things like shopping, going to the community centre.

Name:

Date:

Contact information

 0300 123 1966

 customerhub@greatplaces.org.uk

 www.greatplaces.org.uk

Useful links

<https://www.thenoiseapp.com/>

 Google Play

 App Store



[https://www.greatplaces.org.uk/customers/
anti-social-behaviour/](https://www.greatplaces.org.uk/customers/anti-social-behaviour/)

