

Appendix 3 – Standard Forms

NUISANCE DETAILS FORM

Serial Number:

This form should be used for reporting instances of nuisance behaviour which are causing distress or annoyance to people living within your area. There are several different approaches we can make to address problems of this nature. However to enable us to decide which is the best in this case, please give as much information as possible. Once we have received your completed form your Housing Officer will contact you within 10 working days to discuss the matter. If you need any help filling in this form, please contact your Housing Officer..... Tel:..... for assistance.

1. Your name/s

Are you a complainant or witness (please delete as appropriate)

2. Your address

3. Your telephone number/s

4. What is your residential status

Council tenant Private tenant Owner Occupier Housing Association
Other Please specify
.....

5. Who is causing the problem?

6. What is their address?

7. Do you know their residential status

Council tenant Private tenant Owner Occupier Housing Association
Other Please specify
.....

8. Is this person known to you e.g. neighbour, ex partner

9. What are you complaining of? Please state dates, times etc

10. Do you think the complaint involves discrimination?

Yes No

If yes, please detail

11. Have you spoken to the person/s concerned? If yes what was their response?

12. Have other incidents of a similar nature taken place over a period of time?

Yes No

13. Have you reported similar problems to us in the past? If yes, what did we do?

14. Have you previously completed diary sheets?

Yes

No

15. Have you complained of this matter or similar matters to any other authority such as the police or other council department? If yes, when did you make the report and what was the response? Please include details such as crime numbers etc.

16. Are other people in the area experiencing the same problem? If they are and you know their details please tell us below. Please include their names, addresses and telephone numbers if you know them.

17. How would you like the council to deal with this problem?

As there are many different ways to deal with nuisance behaviour we need to look at the best way to proceed with your complaint. To help us, please tell us the following:

	Yes	No	Not sure
Would you consider appearing as a witness in court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you be happy for us to use the information you have supplied in any legal action that might arise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May we use the information to make joint enquires with other agencies such as the Police and social services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you consider using a mediation service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. The council is striving to provide a housing service that eliminates discrimination and promotes equal opportunities. To help us, please tell us the following. All information will be treated in the strictest confidence.

Declined

Are you? Male Female

Do you have a disability? Yes No

If yes, please state

What is your ethnicity?

<i>Tick</i>		<i>Tick</i>	
<input type="checkbox"/>	White	<input type="checkbox"/>	Asian
<input type="checkbox"/>	British	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Any other white background	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	<i>Specify</i>	<input type="checkbox"/>	Any other Asian background
<input type="checkbox"/>	Mixed	<input type="checkbox"/>	<i>Specify</i>
<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Black
<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	African
<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	Any other Black background
<input type="checkbox"/>	<i>Specify</i>	<input type="checkbox"/>	<i>Specify</i>
<input type="checkbox"/>		<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	Chinese
<input type="checkbox"/>		<input type="checkbox"/>	Any other ethnic group
<input type="checkbox"/>		<input type="checkbox"/>	<i>Specify</i>

19. Please sign and date below

The information supplied on this form will be used by Lewes District Council to investigate your complaint. In certain circumstances this may involve sharing the information with other authorities, agencies and organisations who work with the council. There are strict rules on how and when we may share this information, if you would like further information please contact your Area Housing Officer.

Office use only

Date form received

Allocated housing officer

Checked complainant & perpetrator files

Yes No

Is Local Councillor or MP involved
If yes, advise Estates Manager

Yes No

Consent form signed

Yes No

Please place original on complainant/witnesses file and attach copy to Monitoring Form 1 in central monitoring file