|  |
| --- |
| **Anti-Social Behaviour Diary** |

|  |  |
| --- | --- |
| **Please complete with your details** | |
| Name |  |
| Address |  |
|  |
| Contact No. |  |
| Contact email |  |

|  |  |
| --- | --- |
| **Please return to:** | |
| Post | FREEPOST RUBX-GKUH-XYHZ Langstane Housing Association Ltd 680 King Street Aberdeen AB24 1SL |
| Contact email | [info@langstane-ha.co.uk](mailto:info@langstane-ha.co.uk) |

|  |
| --- |
| **Guidance Notes** |
| 1. Your support by completing this diary is the first step towards stopping the nuisance you are suffering; 2. Everything you write will be treated in the strictest confidence, but you need to understand that if a civil or criminal court case follows, this diary may become evidence; 3. Although it is our intention to stop any nuisance before it is necessary to go to Court, if we do reach this stage, we will contact you again to ask if you are willing to be a witness; 4. This diary is your personal record of what you see or hear. You should not write down things other people have told you about. If you know someone who would like to help, we can send them their own diary to complete; 5. Write down the date and time of each incident; 6. Write down the names of anyone involved in the incidents. If you do not know them, a description will help. Do not make assumptions. It is better to record that you could not identify the person rather than get it wrong; 7. If you take photographs or video any incident, record this on your diary sheet. It is important that you contact us immediately and we will arrange to collect these within 7 days; 8. It is important that you return your diary by the date shown on the front. If we do not hear from you by this date, we may assume you have nothing to report; 9. We are able to deal more effectively with reports of anti-social behaviour if we address incidents quickly; and 10. If you would like this document in another language or format, or if you require the services of an interpreter, please contact us. |

|  |
| --- |
| **Consent** |
| By signing this form you are giving us consent to collect, store, and use your sensitive personal data only for the purposes outlined above. If the person named on the form is a minor or incapable, this form may be signed by a parent, guardian, or legally empowered 3rd party. The personal information you have provided will be processed in accordance with the General Data Protection Regulation. For further information, write to Data Protection Officer, Langstane Housing Association, 680 King Street, Aberdeen, AB24 1SL or see our Privacy Notice on our website: [https://www.langstane-ha.co.uk/Privacy](https://www.langstane-ha.co.uk/data/Privacy_Policy_2022_02_11_14_48_53.pdf) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tackling Anti-Social Behaviour** | | **INCIDENT DIARY** | | | | |
| **Please complete one incident in the section below.**  If there is a second incident on the same day or night, please complete a new section. | | | | | | |
| **Date** |  | | **Time** | From: | | To: |
| **Where did the incident happen?** *Write the address or location of where the incident occurred.* | | | | | | |
|  | | | | | | |
| **Who did it, or who was involved?** *Put the name and address of the person/people responsible. If you do not know who they are, give a description including any distinguishing features or clothing.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down exactly what you saw and heard.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down the way the incident has made you feel including its affect on the people you live with e.g. stopped you sleeping, frightened your children etc.* | | | | | | |
|  | | | | | | |
| **Signed** |  | | | **Date** |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tackling Anti-Social Behaviour** | | **INCIDENT DIARY** | | | | |
| **Please complete one incident in the section below.**  If there is a second incident on the same day or night, please complete a new section. | | | | | | |
| **Date** |  | | **Time** | From: | | To: |
| **Where did the incident happen?** *Write the address or location of where the incident occurred.* | | | | | | |
|  | | | | | | |
| **Who did it, or who was involved?** *Put the name and address of the person/people responsible. If you do not know who they are, give a description including any distinguishing features or clothing.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down exactly what you saw and heard.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down the way the incident has made you feel including its affect on the people you live with e.g. stopped you sleeping, frightened your children etc.* | | | | | | |
|  | | | | | | |
| **Signed** |  | | | **Date** |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tackling Anti-Social Behaviour** | | **INCIDENT DIARY** | | | | |
| **Please complete one incident in the section below.**  If there is a second incident on the same day or night, please complete a new section. | | | | | | |
| **Date** |  | | **Time** | From: | | To: |
| **Where did the incident happen?** *Write the address or location of where the incident occurred.* | | | | | | |
|  | | | | | | |
| **Who did it, or who was involved?** *Put the name and address of the person/people responsible. If you do not know who they are, give a description including any distinguishing features or clothing.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down exactly what you saw and heard.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down the way the incident has made you feel including its affect on the people you live with e.g. stopped you sleeping, frightened your children etc.* | | | | | | |
|  | | | | | | |
| **Signed** |  | | | **Date** |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tackling Anti-Social Behaviour** | | **INCIDENT DIARY** | | | | |
| **Please complete one incident in the section below.**  If there is a second incident on the same day or night, please complete a new section. | | | | | | |
| **Date** |  | | **Time** | From: | | To: |
| **Where did the incident happen?** *Write the address or location of where the incident occurred.* | | | | | | |
|  | | | | | | |
| **Who did it, or who was involved?** *Put the name and address of the person/people responsible. If you do not know who they are, give a description including any distinguishing features or clothing.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down exactly what you saw and heard.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down the way the incident has made you feel including its affect on the people you live with e.g. stopped you sleeping, frightened your children etc.* | | | | | | |
|  | | | | | | |
| **Signed** |  | | | **Date** |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tackling Anti-Social Behaviour** | | **INCIDENT DIARY** | | | | |
| **Please complete one incident in the section below.**  If there is a second incident on the same day or night, please complete a new section. | | | | | | |
| **Date** |  | | **Time** | From: | | To: |
| **Where did the incident happen?** *Write the address or location of where the incident occurred.* | | | | | | |
|  | | | | | | |
| **Who did it, or who was involved?** *Put the name and address of the person/people responsible. If you do not know who they are, give a description including any distinguishing features or clothing.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down exactly what you saw and heard.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down the way the incident has made you feel including its affect on the people you live with e.g. stopped you sleeping, frightened your children etc.* | | | | | | |
|  | | | | | | |
| **Signed** |  | | | **Date** |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tackling Anti-Social Behaviour** | | **INCIDENT DIARY** | | | | |
| **Please complete one incident in the section below.**  If there is a second incident on the same day or night, please complete a new section. | | | | | | |
| **Date** |  | | **Time** | From: | | To: |
| **Where did the incident happen?** *Write the address or location of where the incident occurred.* | | | | | | |
|  | | | | | | |
| **Who did it, or who was involved?** *Put the name and address of the person/people responsible. If you do not know who they are, give a description including any distinguishing features or clothing.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down exactly what you saw and heard.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down the way the incident has made you feel including its affect on the people you live with e.g. stopped you sleeping, frightened your children etc.* | | | | | | |
|  | | | | | | |
| **Signed** |  | | | **Date** |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tackling Anti-Social Behaviour** | | **INCIDENT DIARY** | | | | |
| **Please complete one incident in the section below.**  If there is a second incident on the same day or night, please complete a new section. | | | | | | |
| **Date** |  | | **Time** | From: | | To: |
| **Where did the incident happen?** *Write the address or location of where the incident occurred.* | | | | | | |
|  | | | | | | |
| **Who did it, or who was involved?** *Put the name and address of the person/people responsible. If you do not know who they are, give a description including any distinguishing features or clothing.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down exactly what you saw and heard.* | | | | | | |
|  | | | | | | |
| **Incident details/What happened?** *Write down the way the incident has made you feel including its affect on the people you live with e.g. stopped you sleeping, frightened your children etc.* | | | | | | |
|  | | | | | | |
| **Signed** |  | | | **Date** |  | |