**Report antisocial behaviour**

First name \*



Surname \*



Street address and house number \*



Postcode \*



Email address \*



Telephone number \*



Preferred method of contact

 Phone  
 Email  
 Post

Are you a Radius resident?

 Yes  
 No

**Details of the incident**

Where did the incident happen? *Address or location of where the incident occurred*



When did the incident happen? *Please enter date and time*



Who was involved in the incident? *Please give name and address, or a description and any distinguishing features*



What happened? *Write down exactly what you saw or heard*



How did this incident affect you? *Write down the way the incident has made you feel, include its effect on the people you live with, eg has it stopped you sleeping? has it frightened your children?*



**Witnesses**

Were there any independent witnesses?

 Yes  
 No

**Reporting to agencies**

Have you reported it to the PSNI?

 Yes  
 No

Have you reported it to the Council?

 Yes  
 No

Have you reported it to any other agency?

 Yes  
 No

Upload relevant image

Upload diary sheets

**Further details**

We would like to make contact with the person/s identified above to make them aware of the reported behaviour and give them an opportunity to comment about the allegations and where appropriate, give them a chance to change their behaviour. \**I am happy for you to contact the person/s identified as responsible for the antisocial behaviour*

 Yes  
 No

I am happy for you to disclose my identity to the person/s identified as responsible for the antisocial behaviour \**Please be aware, if you choose No, Radius will not reveal your identity to the perpetrator. We will still need to contact you for details of the incident and to record any future incidents. Not disclosing your identity may limit our ability to investigate your report or agree any form of action. While we will not disclose your identity if you do not want us to, we cannot stop people from making assumptions*

 Yes  
 No

I am happy for you to discuss my report with other partner agencies \**To help us deal effectively with ASB we work closely with other partner agencies such as the PSNI and Councils.*

 Yes  
 No

Please be aware that where we have a duty to pass information to a statutory agency such as the PSNI or Social Services, such as where a child is at risk, we will be speaking directly to the relevant agency giving full details of the situation. \*

 Please tick to confirm you have read and understood this

I confirm the details I have completed in this form are accurate and true to the best of my knowledge and belief \*

 Please tick box to confirm

Would you like to receive a copy of your submitted information by email?*To receive the information you must include a valid email address in the box above*

 Yes  
 No

**Communicating with you**

Our privacy statement sets out how we look after your personal data.

Would you like to receive information in an accessible format (eg braille, audio)?

 Yes  
 No

Please confirm that you are not a robot by ticking the box below.