



# ANTI-SOCIAL BEHAVIOUR

## *Reporting Form*

Anti-social behaviour destroys lives and shatters communities. It also incurs costs to a wide range of people including individuals and families, schools, local authorities, social landlords and business. It is important that we all work together to tackle this problem and make our community a safe and enjoyable place to live.

The Suffolk Coastal Crime and Disorder Reduction Partnership takes the incidence of anti-social behaviour seriously and is developing a coordinated approach to tackling it through the appointment of an Anti-Social Behaviour Co-ordinator. You can help by reporting incidents and sharing information so that the most appropriate intervention can be sought at an early stage. This should prevent the anti-social behaviour continuing and reduce its impact on local residents.

If you would like help in filling in this form, please tell the person who gave it to you – they will be able to arrange for someone to help you.



Please state the names of persons involved if they are known to you, or give a description of them:

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How would you categorise your complaint? Please  as appropriate:

- |                      |                          |                    |                          |
|----------------------|--------------------------|--------------------|--------------------------|
| Vehicle related      | <input type="checkbox"/> | Vandalism/graffiti | <input type="checkbox"/> |
| Criminal activity    | <input type="checkbox"/> | Flytipping         | <input type="checkbox"/> |
| Arson                | <input type="checkbox"/> | Noise              | <input type="checkbox"/> |
| Drug/alcohol related | <input type="checkbox"/> | Youth nuisance     | <input type="checkbox"/> |

Other – please describe \_\_\_\_\_

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Please state if you have reported this incident elsewhere with any reference/name of contact:

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**Your name and address will help us respond to this incident but it is not essential. If you do supply your name and address we will write and confirm receipt.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Email address: \_\_\_\_\_

The following information will be used for monitoring purposes only:

Please describe yourself:      *Male*     *Female*

Under 16     16-24     25-44

45-64        65-74     75+   

Ethnic group: \_\_\_\_\_

The information on this form will be retained for a period of 12 months. (The data will be used for monitoring purposes).

**Completed forms should be returned to:**

**Anti-Social Behaviour Co-ordinator,  
Suffolk Coastal District Council,  
Melton Hill, Woodbridge,  
Suffolk IP12 1AU.**

**Or report online:**

**Email: [communitysafety@suffolkcoastal.gov.uk](mailto:communitysafety@suffolkcoastal.gov.uk)**

