



**Drumchapel
Housing**
Co-operative Limited

FOR OFFICE USE ONLY

REGISTRATION NO:

Anti Social Behaviour COMPLAINT FORM

Please read this carefully before completing. The information provided within this form will be treated in the strictest confidence and be seen only by staff.

Please circle any YES/NO questions. If you have any difficulty in completing this form, please ask a member of staff to assist you.

Thank you.

This form should be returned to:

Housing Services Department

DRUMCHAPEL HOUSING CO-OPERATIVE LIMITED

4 Kinclaven Avenue
Drumchapel, Glasgow G15 7SP



ANTI SOCIAL BEHAVIOUR COMPLAINT FORM

Name:

Address:
.....

If you do not want to give your name and address, please speak to a member of staff.

Is this anti-social behaviour complaint against a person?

YES

NO

If YES, please give name (and address, if known):

Name:

Address:
.....

Please provide details of the anti-social behaviour complaint:

.....
.....
.....
.....

Was the anti-social behaviour complaint reported to the Police?

YES

NO

If YES, please give details:

.....
.....
.....
.....
.....

Was the anti-social behaviour complaint reported to any other officials? e.g. Glasgow City Council, Out of Hours Service

YES
NO

If YES, please give details:

.....
.....
.....

Were there any witnesses?

YES
NO

If YES, please give details:

.....
.....

What date(s) did this happen on?

What time(s) did this happen at?

.....
.....
.....

Is this the first time you have reported this problem?

YES
NO

If NO, please give details:

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.....
.....

Signed:

Date:
