Redbridge Council is committed to taking action against residents who cause anti-social behaviour (ASB).

To take action against people who cause ASB, we must have evidence. The best type of evidence is eyewitness reports from a person experiencing or witnessing anti-social behaviour. To gather this sort of evidence, we ask residents to complete a diary record of incidents that happen. This means that we then have a written record that we can use to take action.

**HOW TO COMPLETE THE DIARY**

Page 2 of this booklet is an example of a diary sheet that has already been completed. This should give you an idea of the sort of information that we need. When completing the diary, you should also bear in mind the following points:

- The diary is your personal record. When an incident happens, you should complete the incident diary as soon as possible. This will help you to remember all the details of the incident.
- In the main 'details' section, you should write down exactly what you saw and heard. This means that if someone was verbally abusive towards you, you should quote exactly what he or she said. Some people do find it upsetting to have to write down swear words or insults. However, the more accurate the evidence, the more useful it is to us if we need to take legal action.
- Within the diary there are six pages of incident records. Only one incident should be recorded on each page. If there are two or more incidents on the same day, please use separate sheets for all incidents.
- The last page is a ‘blank’ space for you to add any further details that you cannot fit onto the incident sheet.
- **Remember to sign and date each incident form.**

**WHAT TO DO WITH THE INCIDENT DIARY**

Once the incident diary is full, you should return it to the Redbridge Council ASB officer who is dealing with your case. Alternatively, you may have agreed to meet an officer at a later date to discuss the problems you have been experiencing. This is the review date, which should have been entered in the box at the top of the page.
**DATE AND TIME OF THE INCIDENT**

<table>
<thead>
<tr>
<th>Date of incident</th>
<th>Start time</th>
<th>Finish time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 0 0 1 0 7</td>
<td>1 0 3 0</td>
<td>1 1 0 0</td>
</tr>
</tbody>
</table>

**LOCATION OF INCIDENT**

Please describe where the incident happened. If it was at someone’s address, please provide the details. Please also say whether the incident occurred inside or outside a property.

Outside No: 1 Green Gardens

**PEOPLE INVOLVED**

Please put the name and address of the person or people who were responsible. If you don’t know names or addresses, try to provide a description (e.g. gender, age, ethnicity, clothing, hair colour, anything memorable about their appearance).

John Jones who lives at No: 2 Green Gardens

If there were any witnesses, please give their name and address here (if known)

Mary who lives at No: 4 Green Gardens

**HAVE YOU REPORTED IT TO OTHER ORGANISATIONS** for example Police, Council, Public Protection etc

Called the Police PC White No: 100 Barkingside Police Station

**WHAT HAPPENED**

Fill in what happened, what you saw and heard. Remember to include anything that was said, including swearwords.

I heard shouting outside the block. John Jones was shouting and swearing at a man I do not know saying ‘you’re F***ing dead’. The man got into his car and drove off. John then saw me standing on the balcony. John screamed ‘what are you looking at … I will kill you’ and picked up a stone and threw it at my window. I went inside and called the Police.

**HOW DID THE INCIDENT MAKE YOU FEEL?**

Please say how the incident has affected you and anyone who lives with you, particularly children. For example, has it frightened you, stopped you sleeping?

I was scared, as the stone could have broken my window; it also woke my children up who now sleep badly because of all the disturbances caused by John over the last few weeks.

*I believe that the information I have given here is a true record*

Signature:........................................................................ Date:.......................................................


**DATE AND TIME OF THE INCIDENT**

<table>
<thead>
<tr>
<th>Date of incident</th>
<th>Start time</th>
<th>Finish time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AM/PM</td>
<td>AM/PM</td>
</tr>
</tbody>
</table>

**LOCATION OF INCIDENT**

Please describe where the incident happened. If it was at someone’s address, please provide the details. Please also say whether the incident occurred inside or outside a property.

**PEOPLE INVOLVED**

Please put the name and address of the person or people who were responsible. If you don’t know names or addresses, try to provide a description (e.g. gender, age, ethnicity, clothing, hair colour, anything memorable about their appearance).

If there were any witnesses, please give their name and address here (if known).

**HAVE YOU REPORTED IT TO OTHER ORGANISATIONS** for example Police, Council, Public Protection etc

**WHAT HAPPENED**

Fill in what happened, what you saw and heard. Remember to include anything that was said, including swearwords.

**HOW DID THE INCIDENT MAKE YOU FEEL?**

Please say how the incident has affected you and anyone who lives with you, particularly children. For example, has it frightened you, stopped you sleeping?

---

*I believe that the information I have given here is a true record*

Your signature: .............................................................. Date: .........................................................
Use this form for ONE incident only. If more than one incident has occurred, please use a new incident form.

**DATE AND TIME OF THE INCIDENT**

<table>
<thead>
<tr>
<th>Date of incident</th>
<th>Start time AM/PM</th>
<th>Finish time AM/PM</th>
</tr>
</thead>
</table>

**LOCATION OF INCIDENT**

Please describe where the incident happened. If it was at someone’s address, please provide the details. Please also say whether the incident occurred inside or outside a property.

**PEOPLE INVOLVED**

Please put the name and address of the person or people who were responsible. If you don’t know names or addresses, try to provide a description (e.g. gender, age, ethnicity, clothing, hair colour, anything memorable about their appearance).

If there were any witnesses, please give their name and address here (if known).

**HAVE YOU REPORTED IT TO OTHER ORGANIZATIONS** for example Police, Council, Public Protection etc

**WHAT HAPPENED**

Fill in what happened, what you saw and heard. Remember to include anything that was said, including swearwords.

**HOW DID THE INCIDENT MAKE YOU FEEL?**

Please say how the incident has affected you and anyone who lives with you, particularly children. For example, has it frightened you, stopped you sleeping?

---

*I believe that the information I have given here is a true record*

**Signature:** ............................................................................................................. **Date:** ............................................................................................................
ASB INCIDENT DIARY

Use this form for ONE incident only. If more than one incident has occurred, please use a new incident form

DATE AND TIME OF THE INCIDENT

Date of incident

Start time AM/PM

Finish time AM/PM

LOCATION OF INCIDENT

Please describe where the incident happened. If it was at someone’s address, please provide the details. Please also say whether the incident occurred inside or outside a property.

PEOPLE INVOLVED

Please put the name and address of the person or people who were responsible. If you don’t know names or addresses, try to provide a description (e.g. gender, age, ethnicity, clothing, hair colour, anything memorable about their appearance)

If there were any witnesses, please give their name and address here (if known)

HAVE YOU REPORTED IT TO OTHER ORGANISATIONS for example Police, Council, Public Protection etc

WHAT HAPPENED

Fill in what happened, what you saw and heard. Remember to include anything that was said, including swearwords.

HOW DID THE INCIDENT MAKE YOU FEEL?

Please say how the incident has affected you and anyone who lives with you, particularly children. For example, has it frightened you, stopped you sleeping?

I believe that the information I have given here is a true record

Signature:.................................................. Date:..............................................
ASB INCIDENT DIARY

Use this form for ONE incident only. If more than one incident has occurred, please use a new incident form.

DATE AND TIME OF THE INCIDENT

DATE OF INCIDENT

Start time

Finish time

LOCATION OF INCIDENT

Please describe where the incident happened. If it was at someone’s address, please provide the details. Please also say whether the incident occurred inside or outside a property.

PEOPLE INVOLVED

Please put the name and address of the person or people who were responsible. If you don’t know names or addresses, try to provide a description (e.g. gender, age, ethnicity, clothing, hair colour, anything memorable about their appearance).

If there were any witnesses, please give their name and address here (if known).

HAVE YOU REPORTED IT TO OTHER ORGANISATIONS for example Police, Council, Public Protection etc

WHAT HAPPENED

Fill in what happened, what you saw and heard. Remember to include anything that was said, including swearwords.

HOW DID THE INCIDENT MAKE YOU FEEL?

Please say how the incident has affected you and anyone who lives with you, particularly children. For example, has it frightened you, stopped you sleeping?

I believe that the information I have given here is a true record

Signature:................................................................. Date:..................................................
ASB INCIDENT DIARY

Use this form for ONE incident only. If more than one incident has occurred, please use a new incident form.

DATE AND TIME OF THE INCIDENT

<table>
<thead>
<tr>
<th>Date of incident</th>
<th>Start time</th>
<th>Finish time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AM/PM</td>
<td>AM/PM</td>
</tr>
</tbody>
</table>

LOCATION OF INCIDENT

Please describe where the incident happened. If it was at someone’s address, please provide the details. Please also say whether the incident occurred inside or outside a property.

PEOPLE INVOLVED

Please put the name and address of the person or people who were responsible. If you don’t know names or addresses, try to provide a description (e.g. gender, age, ethnicity, clothing, hair colour, anything memorable about their appearance).

If there were any witnesses, please give their name and address here (if known).

HAVE YOU REPORTED IT TO OTHER ORGANISATIONS for example Police, Council, Public Protection etc

WHAT HAPPENED

Fill in what happened, what you saw and heard. Remember to include anything that was said, including swearwords.

HOW DID THE INCIDENT MAKE YOU FEEL?

Please say how the incident has affected you and anyone who lives with you, particularly children. For example, has it frightened you, stopped you sleeping?

I believe that the information I have given here is a true record

Signature:................................................................. Date:.................................

Use this form for ONE incident only. If more than one incident has occurred, please use a new incident form
DATE AND TIME OF THE INCIDENT

Date of incident

Start time

Finish time

LOCATION OF INCIDENT

Please describe where the incident happened. If it was at someone’s address, please provide the details. Please also say whether the incident occurred inside or outside a property.

PEOPLE INVOLVED

Please put the name and address of the person or people who were responsible. If you don’t know names or addresses, try to provide a description (e.g. gender, age, ethnicity, clothing, hair colour, anything memorable about their appearance)

If there were any witnesses, please give their name and address here (if known)

HAVE YOU REPORTED IT TO OTHER ORGANISATIONS for example Police, Council, Public Protection etc

WHAT HAPPENED

Fill in what happened, what you saw and heard. Remember to include anything that was said, including swearwords.

HOW DID THE INCIDENT MAKE YOU FEEL?

Please say how the incident has affected you and anyone who lives with you, particularly children. For example, has it frightened you, stopped you sleeping?

I believe that the information I have given here is a true record

Signature:................................................................. Date:.........................................................
ANY FURTHER INFORMATION
Please use this extra sheet to provide any further information that will not fit onto the incident record forms.

Other agencies
If you have reported this incident to another agency like the police, please provide details here. If the police are involved, please provide the crime number (if available):

I believe that the information I have given here is a true record

Signature:................................................................. Date:.................................................................