

C. Harassment or Verbal Abuse

How often does this happen? One time only Occasionally Often

Verbal Abuse

Vandalism to my property

Other Harassment : please give details _____

Please tick if you believe this harassment is because of any of the following :

Ethnic Origin Religious Beliefs Skin Colour

Disability Sexual Orientation Gender

When was the last time this happened ? Date : _____ Time : _____ am/pm _____

Did anyone outside your own household witness this? Yes No

If "Yes" please give their name and address : _____

D. The Environment

Where and what is the problem?	Open Space	Street	Garden	Back Court	Close	Stairs/Landings
Rubbish/dumped goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children causing damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fouling by a dog or other animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overgrown grass/hedges/trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Not cleaning close/stairs/landings					<input type="checkbox"/>	<input type="checkbox"/>
Dispute over garden area/fences/huts/other garden items	<input type="checkbox"/> Please give details _____					
Other : please give details : _____						

E. A person suffering from or in danger of abuse

Is this person A Child A Vulnerable Adult * An Elderly Person None of these

Why do you think they may be suffering from or in danger of abuse : _____

* A vulnerable adult is someone who may have a physical or learning disability; physical or mental health problems, addiction issues or other similar reasons which may make them vulnerable

F. An animal being neglected or abused

What type of animal is it ? : _____

What evidence have you seen that it is being neglected or abused : _____

Section 4. What action have you taken? Please tick all relevant boxes

1. Spoken to the person you are complaining about to try to resolve the problem
If you haven't done this, please read Note 1

2. Contacted the Police When (Date) _____ Time _____ am/pm _____
If your complaint is about Noise, Harassment, Verbal Abuse or Criminal Behaviour, and you haven't done this, please read Note 2

3. Contacted the Night Noise Team When (Date) _____ Time _____ am/pm _____
If your complaint is about Noise between Friday evening and Monday morning and you haven't done this, please read Note 3

4. Contacted the Social Work Department
If your concern is about a child, an elderly or a vulnerable person, please read Note 4

5. Contacted the Scottish SPCA Contacted the Environmental Wardens
When (Date) _____ Time _____ am/pm _____
If your concern is about an animal and you haven't done either of these, please read Note 5

Note 1 It is usually best to speak to the person causing the problems first. Often they will not have realised that their actions are causing a nuisance or distress and this may resolve the problem. However if your complaint is about criminal behaviour; or if you have good reason to believe that the person you are complaining about will be abusive or threatening, you should contact one or more of the agencies detailed in Notes 2 to 5 below.

Note 2 Serious anti-social or criminal behaviour should always be reported **first** to the Police **at the time it happens**. The Association may find it difficult to take action without confirmation from the Police that it has happened. You can do this without giving your name or by calling **Crimestoppers**.

Police Emergency 999
Kirkintilloch Police Office 101
Crimestoppers 0800 555 111

If you are concerned about making a serious complaint to the Police, **Victim Support** can provide advice and support between Monday to Friday 09.00 am to 5.00 pm on **0141 776 8139**.

Note 3 **The Night Noise Team** generally responds to complaints made while the noise is going on. They may attend, monitor and if necessary, warn the household or remove noise-making equipment. This has been shown to be very effective in permanently stopping noise nuisance.

The team are available on Friday evenings through to Monday mornings from 8.00 pm to 4.00 am and can be contacted on **0845 045 4522**.

Confirmation of a noise nuisance from the Night Noise Team can be very helpful if the Association requires to take further action.

Note 4 If you have serious concerns about a child, an elderly or a vulnerable person, you should contact Social Services direct on **0141 355 2200**.

However if you think there is an immediate danger to that person, the **Police** should be contacted.

Note 5 The **Scottish SPCA** should be contacted where there is cruelty or neglect of animals. You can contact them on their 24 hour helpline on **03000 999 999**

East Dunbartonshire Council's Environmental Wardens should be contacted where a dog is causing a nuisance, for example messing public areas or continually barking. You can contact them direct on **0300 123 4510**

Section 5. What action would you like the Association to take?

- 1. Take no action but keep a record of my complaint on file Please read **Note 6** below
- 2. Investigate but do not mention my complaint to the person Please read **Note 7** below
- 3. Investigate/speak to the person but do not mention my name Please read **Note 8** below
- 4. Investigate with my consent to mention my name Please read **Note 9** below
- 5. Refer to Mediation services (if the other person agrees) Please read **Note 10** below
- 6. Refer this complaint/concern to the appropriate Agency
- 7. Other (please explain) _____

Note 6 We will hold details of your complaint/concern on file and may refer to it in future.

Note 7 Some complaints such as dumped rubbish, overgrown gardens etc can be investigated without revealing that there has been a complaint.
However complaints about noise and anti-social behaviour are very difficult to deal with effectively if we are unable to tell the person(s) responsible that there has been a complaint.

Note 8 We will not give out your name without your consent, however depending on the type of complaint, the other party may be able to guess who has made the complaint.

Note 9 Have you spoken to the person being complained about? If not, you should consider this before the Association becomes involved as this could make the situation worse.
If you have already spoken to them without success; and if the Association is unable to determine whether the other party is at fault, the next step may be **Mediation - see Note 10**, however this requires the consent of both parties.

Note 10 **Mediation** is carried out by trained Mediator who is independent of the Association. They will listen to both parties and work to resolve the situation in a way that is acceptable to both.
It can be particularly useful where each party has a complaint about the other.

Section 6. Declaration – please read over and sign

I/we hereby declare that my/our complaint is made in good faith which I/we believe to be truthful and I/we authorise the Association to make whatever enquiries are necessary to establish the facts and/or take appropriate action.

I/we understand that if, in the opinion of the Association, the matter cannot be resolved without Mediation, and if I/we have not consented to this, the Association may decide that no further action can be taken.

I/we understand that, if the Association needs to take legal action, I/we may be asked to give a statement or evidence in Court. If I/we do not wish to, I/we understand that the Association may be unable to take the matter further.

I/we understand that I/we have the right to appeal any decision or complain about the conduct of staff in relation to this complaint.

Signed : _____ Date : _____

Please check you have completed all the relevant questions and return this to :
Hillhead Housing Association 2000, 2 Meiklehill Road, Kirkintilloch G66 2LA

No.

ANTI SOCIAL/NEIGHBOUR COMPLAINT OR CONCERN



Please complete each section relevant to your complaint and give details of the complaint by ticking all the relevant boxes and giving dates of any action taken.

Section 1. Your own details

Name	_____	Home Tel. No.	_____
Address	_____	Mobile Tel. No.	_____
		E-mail address	_____

Section 2. Who are you complaining or concerned about? If you don't know, just leave this blank but be aware that we may be limited in what action we can take

Name	_____
Address	_____

Section 3. What Type(s) of Complaint(s) or Concern(s) do you have?

A. Noise

How often and when does this happen? Tick all that applies	Only once	Occasionally	Often	At Weekends	On Weekdays	During the day/evening	After 11.00 at night
What type of noise is it?							
Loud music/parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shouting/swearing/arguing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog barking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children playing noisily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General loud household noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other : please give details _____							

When was the last time this happened Date : _____ Time : _____ am/pm _____

Did anyone outside your own household witness this? Yes No

If "Yes" please give their name and address : _____

B. Criminal Behaviour

Please note that you should first report this to the Police, when it happens

What type of criminal behaviour?	
Drug dealing <input type="checkbox"/>	Selling stolen goods <input type="checkbox"/>
Prostitution <input type="checkbox"/>	Threats of violence <input type="checkbox"/>
Physical Assault <input type="checkbox"/>	Other : please give details _____

When was the last time this happened ? Date : _____ Time : _____ am/pm _____

Did anyone outside your own household witness this? Yes No

If "Yes" please give their name and address : _____