



Please complete and return to: **North East Derbyshire** **District Council Offices, 2013 Mill Lane, Wingerworth, Chesterfield, Derbyshire S42 6NG**

This ASB monitoring sheet is likely to be used as evidence so it should be as detailed as possible and include dates and times when you consider the ASB to have been excessive.

In order to demonstrate the level of ASB you are experiencing it is necessary to comment on how you are affected by the nuisance (e.g. “stressed”, “couldn’t sleep”). Also rate the nuisance, 1 = not too bad, 10 = unbearable.

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| --- | --- | --- | --- | --- | --- |
| **RECORD OF ASB, CASE REFERENCE:** | | | | | |
| **Name** | |  | | | |
| **Alleged Source**  **of ASB** | |  | | | |
| **ASB Type** | |  | | | |
| **PLEASE USE 24 HOUR CLOCK WHEN STATING TIME OF OCCURRENCE** | | | | | |
| **Date** | **Start**  **Time** | **End**  **Time** | **Description of ASB** | **How it has affected you** | **Rating**  **(1 - 10)** |
| **01.01.2018** | **09:00** | **11:00** | **Noise from amplified music** | **Could hear in living room and had to turn TV up** | **9** |
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| **Date** | **Start**  **Time** | **End**  **Time** | **Description of Nuisance** | **How it has affected you** | **Rating**  **(1 - 10)** |
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**I certify that this is a true record of ASB I have witnessed and I understand that this record may be used as evidence in court.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Using your personal information**

Your personal details will be used to investigate your complaint. We will only share anonymised information for investigation purposes. For more information on how we use personal information please go to our privacy statement on our website [www.ne-derbyshire.gov.uk](http://www.ne-derbyshire.gov.uk) or use the contact details on the accompanying letter.