

ASB INITIAL COMPLAINT FORM

Describe the Complaint	
Your First Name	
Your Surname	
Your Telephone	(tick preferred method)
Your E-mail	
Your Address	
Alleged perpetrator/s (if known)	
Alleged Perpetrators Address	
Where did the incident occur and when?	
Is this the first incident or does it happen regularly? If regularly, how regularly?	
Have you reported the incident/s to any other agency? If so, which agency?	
Are you happy for the Council to approach the alleged perpetrator?	
Are there any personal	

circumstances that you wish for the Council to be aware of when managing this case?	
What is your desired outcome of this complaint?	
Date of complaint	