


APPENDIX A Complaint Form

	Anti- Social Behaviour Complaint Form Offaly Local Authorities	Ref No.
Date of Incident:		Date reported to Council:
Your Name:		
Your Address:		
Your contact No:		
Form of complaint	By phone	By Letter
Name of person you are complaining about:	In person	
Address of person you are complaining about:		

Nature of Complaint (including times, dates, other witnesses - as detailed as possible)

Location Of Incident	
Reported to Gardai	Yes No
Name of Garda Station	
Time reported at	
Name of Garda	
Name and position of person who recorded complaint	

I hereby declare that the foregoing information I have supplied to Offaly Local Authorities is truthful and accurate.

SIGNATURE OF _____ DATE _____

For Office Use Only

Complainant File No	
Respondent File No	
Gardaí Contacted to confirm incident	YES <input type="checkbox"/> NO <input type="checkbox"/>
Outcome of Gardaí report	
Respondent Interviewed	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date of Interview	
Venue of Interview	
Interviewers	
Action taken (verbal / written warning, agreement reached/signed)	
Follow up action	
Outcome (Ongoing, Solved, For follow up)	