

	LH209b	<b>ANTI-SOCIAL BEHAVIOUR / NEIGHBOUR NUISANCE INCIDENT DIARY SHEET</b>	Version No.	Date of last version
	Department: Housing and Support		2	February 2026

## How to complete an Incident Diary Sheet

### Complete one diary sheet for each incident.

For example:

- If noise happens on Monday and Wednesday → complete 2 sheets
- If noise happens twice in one day at different times → complete 2 sheets
- If behaviour continues for several hours without stopping → record as one incident

You can download multiple copies of the Incident Diary Sheet.

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### When filling it in:

- ✓ Record the exact date and time
- ✓ Describe what you saw or heard
- ✓ Avoid opinions (for example, write “loud music could be heard in my bedroom” rather than “they were being inconsiderate”)
- ✓ Record how it affected you
- ✓ Include any police crime reference numbers if reported

Try to complete the diary as soon as possible after the incident while it is fresh in your memory.

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### Important

- If you are in immediate danger, call 999.
- For non-emergency police matters, call 101.
- Keep copies of any recordings or photographs.
- Return completed diary sheets to us by email or contact us to agree an alternative method.

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### How Long Should I Keep Completing Diary Sheets?

We will normally ask you to complete diary sheets for:

- 2–4 weeks for noise cases
- Longer where behaviour is ongoing

We will review your diary entries regularly and contact you to discuss next steps.

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**INCIDENT DIARY SHEET**

**Please complete one sheet for each incident.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**INCIDENT DETAILS**

Date of Incident: \_\_\_\_\_

Day of Week: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**1. What happened?**

(Describe exactly what you saw or heard. Please avoid opinions.)

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**2. Type of Behaviour (tick all that apply)**

- Loud music
  - Banging / door slamming
  - Shouting / arguments
  - Verbal abuse
  - Threats / intimidation
  - Harassment
  - Criminal damage
  - Drug-related activity
  - Alcohol-related behaviour
  - Hate-related incident
  - Animal nuisance
  - Vehicle nuisance
  - Other (please specify): \_\_\_\_\_
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**3. Where did it happen?**

- Inside neighbour's property
  - Garden / communal area
  - Street / parking area
  - Other: \_\_\_\_\_
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**4. Who was involved?**

Name (if known): \_\_\_\_\_

Address (if known): \_\_\_\_\_

Description (if identity unknown):

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**5. Witnesses**

Were there any witnesses?  Yes  No

If yes, provide details (if known):

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**6. Impact on You / Your Household**

- Sleep disturbance
- Distress / anxiety
- Fear for safety
- Unable to use part of home
- Health impact
- Work affected
- Other: \_\_\_\_\_

Please describe how this incident affected you:

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### 7. Evidence Available

- Audio recording
- Video recording
- Photographs
- CCTV
- Screenshots / messages
- Other: \_\_\_\_\_

Have you provided this to us?  Yes  No

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### 8. Reporting

Was this incident reported to:

- Police  
Crime Reference Number: \_\_\_\_\_
  - Environmental Health
  - Other agency: \_\_\_\_\_
- 

### IMMEDIATE RISK CHECK

Do you believe there is an immediate risk of harm?

- Yes  No

If yes, please contact the Police on 999 immediately.