



# Neighbour Nuisance Diary

Name:

Address:

Neighbourhood Officer:

Telephone:

Email:

This diary is to be used to record incidents of Anti-Social Behaviour that you are experiencing.

# COMPLETING A NEIGHBOUR NUISANCE DIARY

Keeping good records of Anti-Social Behaviour committed by your neighbour(s) provides good supportive evidence. This helps us to manage the complaint effectively and to take legal action if necessary.

Please remember the following simple rules:

- 1)** This diary is your personal account of what has happened. The diary cannot be used in court unless you are truthful and describe exactly what you saw or heard. If you have not witnessed an incident yourself then you must make that clear in your diary entry and say who witnessed the incident. If you did not hear exactly what was said do not try and guess. Say that "it sounded like" or "words similar to". Never make up words or embellish incidents to make them sound more serious.
- 2)** Write clearly about what has happened. You don't need to write a long essay, although as much detail as possible is very helpful. Make sure you write down the date and time of each incident (including the year). If you run out of space to include all that has happened please continue on to the next page in the diary.

- 3) Write down the details of any incident as soon as possible. It's often easier to record information when it is fresh in your mind. We advise you not to leave it more than one day before completing the diary.
- 4) Write down everything you see and hear in as much detail as possible. It may be embarrassing or distressing sometimes but it's very important that the court learns exactly what problems you have been experiencing. Therefore include swear words in full rather than "he said \*\*\*\*\*" or "he shouted at me".
- 5) Please return the diary to your Neighbourhood Officer once complete. You will receive a photocopy of the diary for your records. You must report any serious incidents of nuisance (e.g. all night disturbance, threats, violence, intimidation etc) to your Neighbourhood Officer as soon as possible, and report immediately to the Police if you feel it requires an urgent response.
- 6) Further diaries are available from your Neighbourhood Officer. If you have any difficulties completing the diary or writing down what has happened please speak to your Neighbourhood Officer who can help you.

**Neighbour Nuisance Diaries are too important to get wrong.**

# Neighbour Nuisance Diary

Print name of Witness:

Address:

Date of Incident	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Time of Incident	
Name of Person Responsible for Nuisance	
How did the Incident affect you?	
When did the Incident stop?	
Are there any witnesses? Who was with you at the time of the incident? Names and address of other witness, if available.	

**Please describe below exactly what happened**  
If necessary please continue on next diary page 7

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I confirm that the contents of this incident sheet are true  
Signed: \_\_\_\_\_ Date



# Neighbour Nuisance Diary

Print name of Witness:

Address:

Date of Incident	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Time of Incident	
Name of Person Responsible for Nuisance	
How did the Incident affect you?	
When did the Incident stop?	
Are there any witnesses? Who was with you at the time of the incident? Names and address of other witness, if available.	



# Neighbour Nuisance Diary

Print name of Witness:

Address:

Date of Incident	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Time of Incident	
Name of Person Responsible for Nuisance	
How did the Incident affect you?	
When did the Incident stop?	
Are there any witnesses? Who was with you at the time of the incident? Names and address of other witness, if available.	



**Please describe below exactly what happened**

If necessary please continue on next diary page 11

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I confirm that the contents of this incident sheet are true

Signed: \_\_\_\_\_ Date

# Neighbour Nuisance Diary

Print name of Witness:

Address:

Date of Incident	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Time of Incident	
Name of Person Responsible for Nuisance	
How did the Incident affect you?	
When did the Incident stop?	
Are there any witnesses? Who was with you at the time of the incident? Names and address of other witness, if available.	

**Please describe below exactly what happened**

If necessary please continue on next diary page 13

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I confirm that the contents of this incident sheet are true

Signed: \_\_\_\_\_ Date



# Neighbour Nuisance Diary

Print name of Witness:

Address:

Date of Incident	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Time of Incident	
Name of Person Responsible for Nuisance	
How did the Incident affect you?	
When did the Incident stop?	
Are there any witnesses? Who was with you at the time of the incident? Names and address of other witness, if available.	



# Neighbour Nuisance Diary

Print name of Witness:

Address:

Date of Incident	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Time of Incident	
Name of Person Responsible for Nuisance	
How did the Incident affect you?	
When did the Incident stop?	
Are there any witnesses? Who was with you at the time of the incident? Names and address of other witness, if available.	

**Please describe below exactly what happened**

If necessary please continue on next diary page 17

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

<p>I confirm that the contents of this incident sheet are true</p> <p>Signed: _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
--

# Neighbour Nuisance Diary

Print name of Witness:

Address:

Date of Incident	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Time of Incident	
Name of Person Responsible for Nuisance	
How did the Incident affect you?	
When did the Incident stop?	
Are there any witnesses? Who was with you at the time of the incident? Names and address of other witness, if available.	





# Neighbour Nuisance Diary

Print name of Witness:

Address:

Date of Incident	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Time of Incident	
Name of Person Responsible for Nuisance	
How did the Incident affect you?	
When did the Incident stop?	
Are there any witnesses? Who was with you at the time of the incident? Names and address of other witness, if available.	

**Please describe below exactly what happened**

If necessary please continue on next diary page 21

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I confirm that the contents of this incident sheet are true	
Signed:	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



# Neighbour Nuisance Diary

Print name of Witness:

Address:

Date of Incident	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Time of Incident	
Name of Person Responsible for Nuisance	
How did the Incident affect you?	
When did the Incident stop?	
Are there any witnesses? Who was with you at the time of the incident? Names and address of other witness, if available.	

**Please describe below exactly what happened**

If necessary please continue on next diary page 23

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I confirm that the contents of this incident sheet are true

Signed: \_\_\_\_\_ Date



# Neighbour Nuisance Diary

Print name of Witness:

Address:

Date of Incident	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>
Time of Incident	
Name of Person Responsible for Nuisance	
How did the Incident affect you?	
When did the Incident stop?	
Are there any witnesses? Who was with you at the time of the incident? Names and address of other witness, if available.	

**Please describe below exactly what happened**

Further diaries are available from your Neighbourhood Officer

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I confirm that the contents of this incident sheet are true	
Signed:	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



If you have any questions or need any further information,  
please contact the Customer Care Team on 01271 312500.



**North Devon Homes Ltd**  
Westacott Road, Whiddon Valley, Barnstaple EX32 8TA

Telephone: 01271 312500 • Fax: 01271 377810 • [enquiries@ndh-ltd.co.uk](mailto:enquiries@ndh-ltd.co.uk)

[www.ndh-ltd.co.uk](http://www.ndh-ltd.co.uk)