



# Neighbour Complaint Incident Diary

This form is for you to record incidents.

Your Name: \_\_\_\_\_ Your Telephone Number: \_\_\_\_\_

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

Date and time of incident	Where did the incident occur?	Brief details of what happened	Who did it?	Witnesses names and addresses	Did you report it to anyone? If so, who? e.g Police, EHO	Any other comments

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

By ticking the below box I am allowing ateb to use my personal data to respond to this service request. My personal data will be securely held and used to fulfil the selected service request in accordance with the ateb privacy statement. Please refer to the ateb privacy statement to understand how we protect your personal data [www.atebgroup.co.uk/privacy-cookie-policy](http://www.atebgroup.co.uk/privacy-cookie-policy). For personal data queries, data access requests, amends or removal please email [mydata@atebgroup.co.uk](mailto:mydata@atebgroup.co.uk)

I agree for you to use my personal data