



ASB Risk Assessment Matrix

First Name: _____ Last Name: _____

Address: _____

Date of Birth: ____ / ____ / ____

Offence	Other than this occasion how often do you have problems?	0 – None previously 3 – Occasionally 5 – Frequently
	Do you think that incidents are happening more often and/or are getting worse?	0 – None previously 3 – Occasionally 5 – Frequently
Offender	Do you know the offenders?	0 – No 1 – Yes 2 – Know each other well
	Is anyone in particular being specifically targeted by this behaviour?	0 – No 1 – A number of people 2 – Your family 3 – You
	Do you feel that this incident is associated with your faith, nationality, ethnicity, sexuality, age, gender or disability?	0 – No 3 – Yes
	Does the perpetrator (or their associates) have a history of or reputation for intimidation or harassment?	0 – No 2 – Have not harassed the complainant, but have a history or reputation for harassment or violent behaviour 3 – Have harassed the complainant in the past
7+ Medium	15+ High	Offence: Low/Medium/High

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Impact	How affected have you been by what has happened?	0 – Not at all 2 – Changed routine or avoid locations 4 – Distressed 6 – Affected physical or mental health
	Do you have friends, family or professional to go to for support?	0 – A close network of people to draw on for support 1 – One or two people to draw on for support 3 – Lives alone and is isolated
	In addition to what has happened, do you feel that there is anything that is increasing your or your household's personal risk? (e.g. because of personal circumstances?)	0 – No 3 – Yes
4+ Medium	8+ High	Impact: Low/Medium/High

Scale	Are any other agencies involved with this problem?	
	Apart from any effect on you, do you think anyone else has been affected by what has happened?	
Area Officer's Personal Assessment		
Area Officer's Assessment	Low/Medium/High	
Overall Risk Assessment	Low/Medium/High	

Area Officer Completing Assessment

Housing Manager

Signed: _____

Signed: _____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

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