

ASB Risk Matrix

Individual assessment should be made for each person at the household

Name: **Case No:**

Officer: **Date:**

Type of ASB					
Hate Crime or Violence	5				
Threats and Criminal Damage	4				
Noise or Neighbour Nuisance	3				
Rowdy Nuisance caused by Drugs or Alcohol	2				
Environmental Nuisance (including graffiti, fly-tipping and vehicle nuisance)	1				
Frequency of Nuisance					
Several times a day	5				
Daily	4				
Several times a week	3				
Several times a month	2				
Infrequent intervals	1				
How long has the nuisance been ongoing					
Years	Months	Weeks	Days		
4	3	2	1		
Mental Health					
Does the victim have mental health conditions that are affected by the ASB					
Mild	0	1	2	3	
	4	5	Severe		
Details of condition including symptoms:.....					
.....					
Physical Health					
Does the victim have any physical health conditions that are affected by the ASB?					
Mild	0	1	2	3	
	4	5	Severe		
Details of condition:					
Other Factors					
Does the victim live alone					1
Does the victim live in an area that has a recognised ASB problem					1
Is the perpetrator known to the Police or other agencies dealing with ASB					1
Are there previous incidents involving this person or address					1
Is the perpetrator known to victim					1
Total					

Low Risk 0 - 11	
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Medium Risk 12 - 20	
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High Risk 21 - 28	
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Version 4

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