

For office use only
Application reference



West of Scotland Housing Association Limited

Harassment Assessment Form (Confidential)

Name:

Address:

Date of birth:

Harassment is to be troubled by repeated verbal or physical attacks, including domestic abuse.

N.B. Each case shall be dealt with sensitively and on its merits, based on the evidence it is possible to gather.

1. What harassment have you suffered?

2. Who harassed you?

3. How many incidents have there been? Please provide dates and times.

Please note: we will not normally consider you for re-housing in the letting area you are experiencing harassment in.

4. Where did the harassment occur?

5. Are you in any way more vulnerable to harassment? If so, please explain.

6. Have you reported this harassment to anyone, e.g. Police, landlord?

(If so, please provide copies of any reports or correspondence you have.)

Yes No

7. How would re-housing help you?

DECLARATION

I hereby give permission to West of Scotland Housing Association Limited to ask my landlord or any other agency, in confidence, for further information relating to the specific harassment stated.

The information given in this form is, to the best of my knowledge, correct.

Name: Date: