

Management of Anti-Social Behaviour (Stalking) Checklist

To be used in conjunction with the Management of Anti-Social Behaviour Policy and guidance notes.

Name: _____ Job Title: _____

Department & Division _____

| | Yes | No | Comments/action required |
|--|--------------------------|--------------------------|--------------------------|
| <p>Have you explained the Council's guidance relation to:</p> <p>Stalking – defined as a form of harassment generally comprised of repeated persistent following with no legitimate reason with the intention of harming, or so as to arouse anxiety or fear of harm in the person being followed. Stalking may also take the form of harassing telephone calls, computer communications, letter writing etc.</p> <p>NOTE – the individual should be advised NOT to communicate or meet with the stalker and the matter should be dealt with through the Police/Legal Services.</p> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>What type of stalking has/is talking:</p> <ul style="list-style-type: none"> • Being followed – during work/own* time? <input type="checkbox"/> • Harassing telephone calls <input type="checkbox"/> • Computer communications <input type="checkbox"/> • Mobile phone texting <input type="checkbox"/> • Other – please specify <input type="checkbox"/> | | | |
| <p>Has contact been made with the Police and a crime reference number been obtained?</p> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>Has the individual kept a record of incidents e.g. sightings/suspicious behaviour etc. including times, dates, locations, including details on what the stalker was doing and wearing etc, etc?</p> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>Has the individual informed colleagues, neighbours and friends of the situation and asked them to report back if they see any suspicious activity connected with the victim?</p> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>Does the individual carry a mobile phone with them and a personal attack alarm?</p> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>Has the victim been informed to liaise with Legal Services regarding a possible injunction/prosecution against the individual?</p> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>* delete where necessary</p> | | | |

Further action

Detail below what further action has been discussed and the proposed date for review:

Declaration

I certify that advice in relation to the above areas has been discussed

Carried out by:
(please include job title)

Date:

Employee signature:

Date:

Copy on Personnel File