

Havant Partnership Action Group Problem Process Referral Form



Name:	Agency:
Contact details, telephone / email:	
Summary of the problem:	
Time scale (how long has this been going on for?):	
Research Completed (e.g. days/ times issue occurs, similar issues experience elsewhere, impact felt by residents):	
Names of any offender(s), victims, people involved if known:	
Actions already attempted & results:	
Other agencies already involved / aware:.	
What action do you hope will come from this request/ what is your aim?:	
Date:	

Please return this form to the Neighbourhood Quality Team at Neighbourhood.Quality@havant.gov.uk

This referral will need to be submitted 10 days before the next PAG meeting. Please ensure that you or an appropriately briefed representative from your agency is able to attend.

If you have any queries please contact the Neighbourhood Quality Team on 023 9244 6142.