

Council Offices
Clarence Arcade
Stamford Street
Ashton-under-Lyne
OL6 7PT

Tel: 0161-342 8355

email: planningmail@tameside.gov.uk

HIGH HEDGES LEGISLATION COMPLAINTS FORM

Use this form to submit a complaint to the Council about a high hedge, under Part 8 of the AntiSocial Behaviour Act 2003. It should be completed by the person making the complaint, or their representative.

Before completing this form, please read the guidance notes attached.

It is also recommended that you read the leaflets '[High Hedges: Complaining to the Council](#)' and '[Over the Garden Hedge](#)'.

Please use **BLOCK CAPITALS** and black ink when filling in the form.

YOU MUST PAY A FEE WHEN YOU SEND IN THIS FORM. The current fee is £350.

The Council will rely on the information you provide so please make sure it is clear and accurate.

1. COMPLAINANT

1.1 Details of the Person Complaining

Name	Title	Forename	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
City/Town	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Daytime Tel. No.	<input type="text"/>		
Mobile Tel. No.	<input type="text"/>		
Fax No.	<input type="text"/>		
Email address	<input type="text"/>		

1.2 Are you content for us to contact you by email at the address provided?

Yes No

1.3 Is this the address affected by the hedge you are complaining about?

Yes No

1.4 If the answer is 'NO' please explain below why.

1.5 If you are an agent submitting the complaint on behalf of the complainant, please provide relevant details:-

Name	Title	Forename	Surname
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		
City/Town	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Daytime Tel. No.	<input type="text"/>		
Mobile Tel. No.	<input type="text"/>		
Fax No.	<input type="text"/>		
Email address	<input type="text"/>		

1.6 Are you content for us to contact you by email at the address provided?

Yes No

2. COMPLAINT AGAINST

Name	Title	Forename	Surname
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2.1 Name and address of the

site where the alleged offending hedge is growing.

Three empty rectangular boxes for site details.

Address [Empty box]

[Empty box]

City/Town [Empty box]

County [Empty box] Postcode [Empty box]

Daytime Tel. No. [Empty box]

Mobile Tel. No. [Empty box]

Fax No. [Empty box]

Email address [Empty box]

2.2 If the hedge is growing on more than one ownership please provide further names and addresses:-

Table with 3 columns for Name and Address, each with 4 rows.

Contact Contact Contact

2.3 Is (Are) the property(ies) owned by the named person?

Yes [Empty box] No [Empty box]

2.4 If 'No' please provide relevant details if known.

[Large empty rectangular box for details]

3. CRITERIA FOR MAKING A COMPLAINT – Please answer these questions:- About the hedge

3.1 Is the hedge – or the portion that is causing problems – made up of a line of 2 or more trees or shrubs?

Yes No

3.2 Is it mostly evergreen or semi-evergreen?

Yes No

3.3 Is it more than 2 metres above natural ground level (i.e. its planting level)?

Yes No

3.4 Even though there may be gaps in the foliage or between the trees, is the hedge still capable of obstructing light or views?

Yes No

3.5 Is it growing on land owned by someone else?

Yes No

3.6 Are you the owner or occupier (e.g. tenant) of the property affected by the hedge?

Yes No

Please delete
whichever does not
apply

Owner/Occupier

3.7 Is the property residential?

Yes No

If the answer is 'NO' to any of the questions in this section, the criteria have not been met and so the Council cannot consider your complaint and you should not submit it.

4. ATTEMPTS TO RESOLVE THE COMPLAINT

Please describe what you have done to try to settle this matter. Give dates and say what the result was. Please provide copies of any letters that you mention. It is to your advantage in validating this complaint that all dates stated are at most 3 months prior to the date of this form.

4.1 Verbal Request to discuss problem:- YES NO

DATE(S) –

RESULT -

4.2 Written Request to discuss problem:- YES NO

DATE(S) –

RESULT -

4.3 Verbal Request to hedgeowner(s) to try independent mediation:-
YES NO

DATE(S) –

RESULT -

4.4 Written Request to hedgeowner(s) to try independent mediation:-
YES NO

DATE(S) –

RESULT -

4.5 Have you verbally informed the neighbour of your intention to complain to the Council?
YES NO

DATE(S) –

RESULT -

4.6 Written information of intention to complain to Council:-
YES NO

DATE(S) –

RESULT -

4.7 Any other means of resolution sought?

If you have not tried all the above steps, the Council might not proceed with your complaint. It is strongly recommended that all attempts should have been made at least once in writing to ensure validation of the complaint.

5. GROUNDS OF COMPLAINT

Please describe the problems actually experienced as a result of the hedge being too tall, and say how serious they are in a legible and coherent way on attached documents which should be clearly marked 'GROUNDS OF COMPLAINT'

- 5.1 List what documents you have submitted:-
(Please tick to indicate their attachment or submission)

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To help the Council understand your situation, please provide a photo(s) of the hedge, measurements, a location plan on an Ordnance Survey base, and a plan or sketch of both the site where the hedge is growing and the property it is affecting, with the hedge clearly marked on it.

6. PREVIOUS COMPLAINTS

- 6.1 Has a formal complaint through submission of a form like this been made to the Council before about this hedge?

Yes

No

- 6.2 If you have ticked 'YES', do you know the date and/or reference number of the Council's decision letter?

Date

Ref
Number

- 6.3 What has changed since the Council last looked at this?

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If nothing has altered, the Council might not proceed with your complaint.

7. DECLARATION

- 7.1 I confirm that I have completed as much of this form as I can and that, to the best of my knowledge, the information provided is accurate.

Tick box

- 7.2 I enclose the fee of £350. Tick box

NAME SIGNATURE DATE

7.3 POST OR EMAIL THIS FORM AND ALL ENCLOSURES TO THE ADDRESS ON PAGE

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7.4 PLEASE ENSURE THAT YOU SEND A COPY OF THIS COMPLETED FORM AND ALL ATTACHMENTS TO THE PERSON (PEOPLE) YOU HAVE IDENTIFIED IN SECTION 2 AT THE SAME TIME.

Tick the box to show you have done this, and date sent