

Community Trigger Application Form

For assistance completing the Community Trigger Application Form, please see the separate Guidance Notes or contact **Community Safety Team**.

** Indicates questions which must be completed. There are additional questions for you to provide more information to support your application, if you wish.*

Q1. On what basis are you making a Community Trigger application for an Anti-Social Behaviour Case Review?*

Please ensure you meet the Community Trigger threshold, detailed in the Guidance Notes that accompany this application form.

a – I am the person affected by the anti-social behaviour and have made three or more qualifying complaints.
Go to Q3

b – I am acting on behalf of the person affected by the anti-social behaviour, who has made three or more qualifying complaints.
Go to Q2

c – I am one of five or more people affected by the anti-social behaviour, who have all made qualifying complaints.
Go to Q3

d – I am acting on behalf of five or more people affected by the anti-social behaviour, who have all made qualifying complaints.
Go to Q2

Q2. Advocate Details* *(Required if 1b or 1d ticked)*

If you are acting on behalf of someone else, complete your details then go to Q3

*Name:			
*Address:			
*Daytime No:		Mobile No:	
E-mail:			

Q3. Details of the person(s) affected by the anti-social behaviour*

Person One

*Name:			
*Address:			
*Daytime No:		Mobile No:	
E-mail:			

Person Two (*Only required if 1c or 1d ticked*)

*Name:			
*Address:			
*Daytime No:		Mobile No:	
E-mail:			

Person Three *(Only required if 1c or 1d ticked)*

*Name:			
*Address:			
*Daytime No:		Mobile No:	
E-mail:			

Person Four *(Only required if 1c or 1d ticked)*

*Name:			
*Address:			
*Daytime No:		Mobile No:	
E-mail:			

Person Five *(Only required if 1c or 1d ticked)*

*Name:			
*Address:			
*Daytime No:		Mobile No:	
E-mail:			

If there are more than five people affected by the anti-social behaviour, please attach a separate sheet with their personal details.

Q4. Briefly describe the type of anti-social behaviour you have been experiencing.* *(individual incidents are to be detailed at Q5)*

Q5. Please provide details of the anti-social behaviour incidents – who reported the incidents, when they were reported, who they were reported to and how.*

Incident date	Incident details – ie what happened?	Reported by	Date reported	Agency reported to	How reported eg writing, telephone, in person

If there are more than five reported incidents of the anti-social behaviour, please attach a separate sheet with the details.

Q6. How has the anti-social behaviour affected you/the person you are acting on behalf of?

Q7. What action has been taken, to your knowledge?

Q8. What further action are you hoping for?

Q9. Have you any special circumstances that we need to take into consideration? If so, please provide details.

Q10. Please provide any other information relevant to your Community Trigger application.

Signature*

I confirm that the information given in this Community Trigger Application Form is correct to the best of my knowledge and belief.

In order to undertake an Anti-Social Behaviour Case Review we need to share information. Full information about how we will share information is detailed within the Guidance Notes for the Community Trigger Application Form.

By requesting that an Anti-Social Behaviour Case Review is undertaken, I give my consent for relevant partner agencies to share information.

Signature of Community Trigger applicant	Date

Please send your completed Community Trigger Application Form to:-

**Community Safety Team
North East Derbyshire Community Safety Partnership
Pioneer House
Mill Lane
Wingerworth
Chesterfield
S42 6NG**

Remember - If you are applying for the Community Trigger on behalf of someone else who has been affected by anti-social behaviour, their individual written consent must also be provided. The Community Trigger Application Form will not be processed until their consent has been received.