

## **Anti-Social Behaviour Community Trigger Reporting Form**

### **Checklist:**

Before completing this form please make sure that you are able to tick the two checklist boxes below. We are unable to progress this application if these boxes are not ticked.

**Do you have information detailing a minimum of 3 separate incidents about the same problem within the last 6 months?**

Yes	
-----	--

**Are you aware of the incidents you are about to give details on being subject to a formal complaint within the agencies that are currently aware/dealing with the incident/s**

No	
----	--

**If both boxes above are ticked then please proceed to fill the form below in.**

If you have been unable to tick both these boxes, but would still like some assistance/advice with your problem, then please contact the Community Safety & Resilience Team on the following;

- By phone: 01925 444295 or 01925 442657
- By email: [communitysafetywbc@warrington.gov.uk](mailto:communitysafetywbc@warrington.gov.uk)
- By post: Community Trigger, Community Safety & Resilience Team, 2<sup>nd</sup> Floor New Town House, Warrington WA1 2NH

## **Anti-Social Behaviour Community Trigger Reporting Form**

Please complete and return to:

- By email: [communitysafetywbc@warrington.gov.uk](mailto:communitysafetywbc@warrington.gov.uk)
- By post: Community Trigger, Community Safety & Resilience Team, 2<sup>nd</sup> Floor New Town House, Warrington WA1 2NH

### **Your contact details:**

Please provide your details so that we can contact you. If you are completing this form on behalf of a friend or a client of your service, please provide details of the person affected by this situation. We will use this to ask any further questions or provide feedback on your referral as necessary.

Date	
Name	
Address (including postcode)	
Telephone (daytime)	
Telephone (evening)	
Mobile	
Email address	

### **Do you own your property?**

Yes		No	
-----	--	----	--

**If answer to above is “no” Please state name/agency and contact details of the landlord of your property:**

Name of Landlord	
Contact details	

As part of the Community Trigger application process, the Community Safety Partnership may need to share your information with other partner agencies in order to process your application and confirm the incidents detailed below. This is an essential part of the process and we will not be able to progress your application without the ability to share this information.

By completing and submitting this form you are giving your consent for your information to be shared as part of this process.

Your information will be appropriately shared in compliance with section 115 of the Crime and Disorder Act 1998 and in accordance with the Principles of the Data Protection Act 1998.

Yes		No	
-----	--	----	--

For the Community Trigger to be valid we require 3 separate reports of Anti-Social Behaviour of the same problem within the last 6 months. If you do not have this information, please provide as much information as possible and an Officer from the Community Safety & Resilience Team will be in contact with you.

**Incident 1 Details**

Date of incident						
Location of incident						
Who did you report it to?						
Incident/Reference number (if you were given one)						
Brief details of incident						
Can you confirm (as far as you are aware) that no action has been taken?	Yes		No		Not Sure	
If you ticked 'Yes' or 'Not sure', why do you believe that no action has been taken by the relevant agency? (Please provide as much detail as possible)						
<i>(Text Box: Maximum 800 characters)</i>						

**Incident 2 Details**

Date of incident						
Location of incident						
Who did you report it to?						
Incident/Reference number (if you were given one)						
Brief details of incident						
Can you confirm (as far as you are aware) that no action has been taken?	Yes		No		Not Sure	
If you ticked 'Yes' or 'Not sure', why do you believe that no action has been taken by the relevant agency? (Please provide as much detail as possible)						
<i>(Text Box: Maximum 800 characters)</i>						

### Incident 3 Details

Date of incident						
Location of incident						
Who did you report it to?						
Incident/Reference number (if you were given one)						
Brief details of incident						
Can you confirm (as far as you are aware) that any action has been taken	Yes		No		Not Sure	
Explanation with reference to the above question – what action has been taken/why not sure/why does application think no action has been taken:						
<i>(Text Box: Maximum 800 characters)</i>						

**Do you think that the incidents/concerns are because of any of the below? (please tick all that apply)**

Age	<input type="checkbox"/>	Gender Reassignment	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Marriage or Civil Partnership	<input type="checkbox"/>	Pregnancy/Maternity	<input type="checkbox"/>	Race	<input type="checkbox"/>
Religion/Belief	<input type="checkbox"/>	Sex (Male or Female)	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>
None of the above	<input type="checkbox"/>				

### Supporting Professionals

Please provide us with the names of any supporting professionals who you have previously communicated with regarding this problem (i.e. Police Officers, Housing Officers, Council Officers/Departments, Social Workers,)

Police Officers	
Housing Officers	
Council Officers	
Other (please specify)	

## Equality and monitoring (optional questions)

### Gender

Male	<input type="radio"/>	Female	<input type="radio"/>
------	-----------------------	--------	-----------------------

Is this the gender you were assigned at birth?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

### Age

18-25	<input type="checkbox"/>
26-35	<input type="checkbox"/>
36-45	<input type="checkbox"/>
46-55	<input type="checkbox"/>
56-65	<input type="checkbox"/>
65+	<input type="checkbox"/>
Do not wish to disclose	<input type="checkbox"/>

### Sexual Orientation

Heterosexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Bi-Sexual	<input type="checkbox"/>
Do not wish to disclose	<input type="checkbox"/>

### Faith

Buddist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>

Rastafarian	
Sikh	
No religion	
Prefer not to say	

**Please give details of any disability:**

--

**Ethnicity**

<b>WHITE</b>					
<b>British</b> <i>(to include Northern Ireland, Scotland &amp; Wales)</i>	<b>White Irish</b>	<b>Any other white background</b>			
		<b>Please specify:</b>			
<b>BLACK</b>					
<b>Black or Black British – Caribbean</b>	<b>Black or Black British – African</b>	<b>Any other Black background</b>			
		<b>Please specify:</b>			
<b>ASIAN</b>					
<b>Asian or Asian British – Indian</b>	<b>Asian or Asian British – Pakistani</b>	<b>Asian or Asian British – Bangladeshi</b>	<b>Chinese</b>	<b>Any other Asian background</b>	
				<b>Please specify:</b>	
<b>MIXED</b>					
<b>White and Black Caribbean</b>	<b>White and Black African</b>	<b>White and Asian</b>	<b>Any other mixed background</b>		
			<b>Please specify</b>		
<b>ANY OTHER ETHNIC GROUP</b>					
<b>Please specify:</b>					

### Keeping you informed

Please specify how you would prefer for us to keep you updated:

By Email	<input type="checkbox"/>	By Phone	<input type="checkbox"/>
By Text Message	<input type="checkbox"/>	By Letter	<input type="checkbox"/>

### Your feedback

Please tell us how easy it was for you to find information about the Community Trigger, and was it helpful?

(Text box: Maximum 300 characters)

### Declaration

By ticking this box I confirm that the information given in this form is correct to the best of my knowledge.

(Tick box)

### For office use only:

<b>Ref no:</b>				
<b>Trigger met?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>Reason in brief if no:</b>				
<b>Date:</b>				
<b>SPOC contact details:</b>				