

Anti-Social Behaviour Case Review (formerly 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	
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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	
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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 442472, 01925 446248 or 01925 442582
- By email: communitysafetywbc@warrington.gov.uk
- By post: ASB Case Review, Community Safety & Resilience Team, East Annexe, Town Hall, Sankey Street, Warrington, WA1 1UH

Anti-Social Behaviour Case Review (formerly Community Trigger) Reporting Form

Please complete and return to:

- By email: communitysafetywbc@warrington.gov.uk
- By post: ASB Case Review, Community Safety & Resilience Team, East Annexe, Town Hall, Sankey Street, Warrington, WA1 1UH

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	<input type="checkbox"/>	No	<input type="checkbox"/>
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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 ASB Case Review 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. **If you do not agree with the above, please DO NOT complete this form and instead contact the team on the details at the top of this page so as we can discuss this further with you.**

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 GDPR and the Data Protection Act 1998.

For the ASB Case Review 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	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
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)						

(Text Box: Maximum 800 characters)

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 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>						

Additional information

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

Age		Gender Reassignment		Disability	
Marriage or Civil Partnership		Pregnancy/Maternity		Race	
Religion/Belief		Sex (Male or Female)		Sexual Orientation	
None of the above					

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		Female	
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Is this the gender you were assigned at birth?

Yes		No	
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Age

18-25	
26-35	
36-45	
46-55	
56-65	
65+	
Do not wish to disclose	

Sexual Orientation

Heterosexual	
Gay	
Lesbian	
Bi-Sexual	
Do not wish to disclose	

Faith

Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Rastafarian	
Sikh	
No religion	
Prefer not to say	

Please give details of any disability:

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Ethnicity

White	
British <i>(to include Northern Ireland, Scotland & Wales)</i>	
White Irish	
Any other white background	
Please specify:	

Black	
Black or Black British – Caribbean	
Black or Black British - African	
Any other black background	
Please specify:	

Asian	
Asian or Asian British - Indian	
Asian or Asian British - Bangladeshi	
Asian or Asian British - Pakistani	
Chinese	
Any other Asian Background	
Please specify:	

Mixed	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed background	
Please specify:	

Any other Ethnic Group	
Please specify:	

Keeping you informed

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

By Email	
By Text Message	

By Phone	
By Letter	

Your feedback

Please tell us how easy it was for you to find information about the ASB Case Review (formerly 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:	<input type="checkbox"/>
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For office use only:

Ref no:				
Trigger met?	Yes		No	
Reason in brief if no:				
Date:				
SPOC contact details:				