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| RESTRICTED | | | |
| **COMMUNITY TRIGGER REPORT** | | | |
| How did you hear about the Community Trigger? | | | |
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| **About You** | | | |
| Your full name: | | Date of Birth | |
| Address | | | |
| Town | | Postcode | |
| Tel No (incl code) | Email | | |
| Housing:(owner occupier, Housing Association, ALMO, Private rented) – give details | | | |
| Gender | Religion | | |
| Preferred language | English spoken:  Yes / No | | Nationality / Ethinicity |
| Are you disabled?  Yes No  Not disclosed | Type of disability | | |
| Sexual Orientation  Heterosexual / Straight ☐ Lesbian / Gay woman ☐  Gay man ☐ Bisexual ☐ Prefer not to say ☐ | | | |
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| **What is a community trigger?**  The trigger allows residents to tell us about incidents they have reported but have received no response.  You qualify if you have reported **3** separate incidents to the Council, Police or Landlord (ALMO or Housing Association) and no action has been taken. Or if 5 or more households have complained about the same problem. | | | |
| **Have you reported this problem to anyone before?** Yes ☐ No ☐  If no, this is not a trigger. Advise customer to ring 101 to log a new enquiry. | | | |
| **Who did you report the problem to?** | | | |
| **Council**: Which department or name of officer? | | | |
| **Police**: | | | |
| **Landlord**: Name of ALMO or Housing Association | | | |
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| **Consent**: In order to proceed with the Community Trigger, you must be willing for us to share information with partner agencies in order to resolve the problems. If you **do not** give consent to share information, we cannot progress the Community Trigger. | | | |
| **Consent given** Yes ☐ Consent NOT given ☐  Where consent is not given, information will be recorded and no action taken. | | | |

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| **Give details of the three incidents that you have reported to the**  **Council, Police or Landlord**  Include date of incident report and brief summary of the problem | | |
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| **About the problem:**  If you are reporting a community trigger because at least 5 households have been affected by anti-social behavior that has occurred within the past 6 months, please provide details of each household. The witness must be willing to be contacted by the Community Trigger review panel.  If you provide details of other households you only need to provide one incident in the past 6 months above. | | |
| **Details of Witnesses – Other Households affected by the Anti-Social Behaviour** | | |
| Full name of witness |  | Full address and contact telephone number/email address |
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| **Local Authority use – confirmation of action taken** | | |
| Community Trigger review  Yes ☐ No ☐ | Reviewing Officer | |
| Respond to customer  Yes ☐ No ☐ | Date | |
| Reason for not qualifying as a trigger:  Logged as new enquiry  Active case  Referred to complaints  No consent to share info | | |
| Request for information from:  Police Yes ☐ No ☐  Local Authority Yes ☐ No ☐  Housing Provider Yes ☐ No ☐ | | Deadline for information returns |
| Panel meeting requested  Yes ☐ No ☐ | | Date for meeting |
| Chair appointed  Yes ☐ No ☐ | | Chair of Panel |
| Outcome from Panel Meeting: Any recommendations: | | |
| Feedback to customer  Yes ☐ No ☐ | | Date |
| Escalation to Chief Officer  Yes ☐ No ☐ | | Date |
| Escalation to PCC  Yes ☐ No ☐ | | Date |
| **Outcome** | | |