**Community Trigger Form**

Please complete this form to activate the Community Trigger to request a review of your ASB case. To be eligible to use the community trigger:

You must have reported ASB to the council, police and/or a registered housing provider **three times** in the **last six months** and consider that no action has been taken.

or

**Five individuals** have separately reported about the same issue in the **last six months** and no action has been taken.

If your case is still open you must await the outcome. Please note: if you choose not to provide us with certain information it may limit what we can do to review your case.

**About the situation**

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| --- | --- |
| **1.** Have you reported this issue before?  (Either to the council, the police or your housing provider) (Yes / no) |  |
| If yes, please list all the occasions this was reported – to which agency, to whom, and when? Please provide any case reference numbers relating to your reports (for example police crime report numbers, police CAD numbers etc.) |  |
| Is the issue still being investigated?  (Yes / no) |  |
|  |  |
| **2.** Does this issue affect more than one household or business premise? (Yes / no) |  |
| If yes, please provide, as far as possible, names, addresses and contact details of those affected |  |
|  |  |
| **3.** Can you confirm that (as far as you know) no action has been taken?  (Some action taken / no action taken / not sure) |  |
| If as far as you know, no action has been taken, why do you believe that no action has been taken by the relevant agencies?  (Please provide as much detail as possible, including referencing any available evidence, correspondence, agreed action plans, etc.) |  |
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**About the incident**

|  |  |
| --- | --- |
| **4.** Where did the incidents take place? |  |
| **5.** When did the incidents take place?  (Date, time and how long it lasted if you have that detail) |  |
| **6.** Who was involved in the incidents?  (Please provide as much detail as possible, including names, addresses, description of physical appearance, clothing, age, number of people involved, etc.) |  |
| **7.** Please describe what happened?  (Please give details of what you saw or heard) |  |
| **8.** Did anyone else witness these incidents?  (Please give the names, addresses and contact details of any witnesses if known) |  |
| **9.** How has it affected you? |  |
| **10.** Do any of the following relate to the incidents? | |  |  | | --- | --- | |  | Please tick all that apply | | Ethnicity |  | | Religion or faith |  | | Disability |  | | Sexual orientation |  | | Being transgender |  | | None of these |  | |

**Further details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11.** Please indicate the option which applies to you | |  |  | | --- | --- | |  | Please tick the option which applies | | Barnet Council Tennant |  | | Housing Association Tennant |  | | Leaseholder |  | | Owner occupier |  | | Private tenant |  | | Other |  | |
| If you have selected “housing association” please give details of who your landlord is and if you have selected “other” please specify |  |
|  |  |
| **12.** Please give the names of any supporting professionals who you have previously communicated with regarding this problem.  (For example police officers, housing officers, anti-social behaviour officers, social workers) |  |

**Contact details**

Please provide your details so that we can contact you to ask any further questions, or provide feedback on your referral. We may share some information with our trusted partners where it is necessary to help carry out a full review of your case, but it will be held securely and not shared beyond this.

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email address |  |
| Do you wish to be kept informed about the progress of your review?\* (Yes / no) |  |
|  |  |