 **Community Trigger Reporting Form**

 **Personal information contained in this form will be used to help us understand the incidents of anti-social behaviour that you are concerned about. The Community Trigger is not a first port of call, and should not be used to report to report an incident of anti-social behaviour for the first time.**

**The Community Trigger can be used in the following situations. Please indicate which applies.**

**Within the last six months:**

|  |
| --- |
|[ ]  You (as an Individual) have complained to the Council, Police, or a Registered Housing Provider (social landlord) about three separate incidents of anti-social behaviour within your area, |
|  | ***Or*** |
|[ ]  Three Individuals in your local community have complained separately to the Council, Police, or a Registered Housing Provider (social landlord) about the same incident of anti-social behaviour, |
|  | ***Or*** |
|[ ]  If you have been a victim of a Hate Crime or Incident, |
|  | ***And*** |
|[ ]  You are dissatisfied with the response from agencies. |

 **Section 1: About your Situation**

1. **If you have reported this before please tell us who you reported it to?**

|  |
| --- |
| Click here to enter text. |

1. **Does this issue affect more than one household or business premise?**

|  |  |
| --- | --- |
|[ ]  Yes |[ ]  No |

1. **Do you think the incident(s) can be described as either of the below?**

**Anti-Social Behaviour** is acting in a manner which likely to cause harassment, alarm, or distress to one or more persons not of the same household. It is behaviour that lacks consideration for others and that may cause damage to society whether intentionally or through negligence.

**A Hate Incident** is any incident where you or someone else has been targeted because you or they are believed to be different, this may be motivated by disability, gender identity, race, religion or belief, or sexual orientation.

Please tick all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Anti-Social Behaviour |[ ]  Hate Incident |[ ]  Both |[ ]  Neither |

**4. As far as you are aware, has any action been taken?**

|  |  |  |
| --- | --- | --- |
|[ ]  Yes |[ ]  No |[ ]  Not Sure |

**Section 2: The Incident(s)**

If you have answered ‘**Yes**’ to the previous question, please give a brief description of what action has been taken (including the names of any organisations or officers you have dealt with), and any incident numbers you have.

|  |
| --- |
| Click here to enter text. |

**Date and Time of the Incident(s)**

|  |
| --- |
| Click here to enter text. |

 **Where did the Incident(s) / Problem(s) take place?**

|  |
| --- |
| Click here to enter text. |

 **Who was involved in the Incident(s) / Problem(s)?**

|  |
| --- |
| Click here to enter text. |

 **What happened?**

|  |
| --- |
| Click here to enter text. |

 **Has anyone else witnessed this?**

|  |
| --- |
| Click here to enter text. |

 **How has the Incident(s) / Problem(s) affected you?**

|  |
| --- |
| Click here to enter text. |

 **Do you think the Incident(s) / Problem(s) are because of:**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Disability |[ ]  Gender Identity |[ ]  Race |[ ]  Religion or Belief |
|[ ]  Sexual Orientation |[ ]  None of the Above |  |  |  |  |

**Section 3: 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.

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Date of Birth** |
| Name |  | Date of Birth |

|  |
| --- |
| **Address (Including Postcode)** |
| Address |

|  |  |  |
| --- | --- | --- |
| **Telephone Number** |  | **Mobile Number** |
| Telephone Number |  | Mobile Number |

|  |  |  |
| --- | --- | --- |
| **Best Time to Call** |  | **Email Address** |
| Click here to enter text. |  | Email Address |

|  |
| --- |
| **Which of these best describes you?** |
|[ ]  Council Tenant (including Leasehold) |[ ]  Private Tenant |[ ]  Owner Occupier |
|[ ]  Housing Association Tenant |[ ]  Other |  |  |

|  |
| --- |
| **Please provide us with your landlord’s name and contact details, or the name and contact details of your housing officer, if applicable.** |
| Click here to enter text. |

**Section 4: Equalities Monitoring**

**The questions found in this section are optional, and the completion or non-completion of them will not impact upon the Community Trigger process.**

|  |  |  |
| --- | --- | --- |
| **Gender** |  | **Age** |
|[ ]  Male |[ ]  Female |[ ]  Transgender |  | Age |

|  |
| --- |
| **Sexual Orientation** |
|[ ]  Heterosexual |[ ]  Homosexual |[ ]  Bi-Sexual |[ ]  Other (Please state below) |
| Other |

|  |
| --- |
| **Religion** |
| Religion |

|  |
| --- |
| **Please give details of any Disability** |
| Disability |

|  |
| --- |
| **Ethnicity** |
| Ethnicity |

**Section 5: Data Protection Statement**

Oadby & Wigston Borough Council (“The Council”) will process and store your data in accordance with the *Data Protection Act* (1998) and within the *General Data Protection Regulations* (2018).

The personal data provided within this form will be used for the purpose of this request and we will not use the data for any other purpose. We may, where necessary, share your data with another department, or with a third party organisation for the purpose of providing you with the service that has been requested. Full details of whom and where we may send data can be found on the department’s privacy notice. These are available for inspection at: [www.oadby-wigston.gov.uk/pages/privacy](http://www.oadby-wigston.gov.uk/pages/privacy).

If we intend on using your data for anything outside of our published privacy notices, we will write to you to confirm that you give your consent to use your data for this purpose before we do so.

You have the right to withdraw your consent at any time. If you do not want the Council to process your data, you can notify us in writing or by email. These details are available on the Council’s website. If you withdraw your consent, the service you receive will not be negatively affected.

If you are under the age of 16, we would require parental / guardian consent before we process your data. Please do not complete this form yourself if you are under this age.

The Council will only hold your data for as long as is necessary. The Council has a retention schedule for all of the data it holds and where applicable, the Council will confidentially dispose of data that falls outside of the retention period.

If you require any further information relating to Data Protection please visit: [www.oadby-wigston.gov.uk/pages/privacy](http://www.oadby-wigston.gov.uk/pages/privacy), prior to completing this form.

Please tick the box below if you agree to the above consent notice:

 [ ]

**Section 6: Keeping you Informed**

We will keep you informed about how your Community Trigger is progressing. Our promise is to acknowledge receipt of your referral within 5 working days.

|  |
| --- |
| **Do you wish to be informed about the progress of your referral?** |
|[ ]  Yes |[ ]  No |

**Section 7: Declaration**

I confirm that the information given in the above form is correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Signature** |
| Name |  | Signature |
| **Please note:** Signing or making an application on behalf of someone else signifies their consent. |

|  |  |  |
| --- | --- | --- |
| **Date Completed** |  |  |
| Date Completed |  |  |

|  |
| --- |
| **Your Feedback:** Please tell us how easy you found this form to use, and if the information provided about the Community Trigger process was helpful. |
| Click here to enter text. |

|  |
| --- |
| Thank you for completing this form. Please return it, marked as ‘Private and Confidential’, to: |
| **By Post:**Mark SmithCommunity Safety & Youth CoordinatorOadby & Wigston Borough CouncilCouncil OfficesStation RoadWigston, LeicestershireLE18 2DR | **Via Email:**Mark.Smith@oadby-wigston.gov.uk**By Hand:**Customer Service Centre40 Bell StreetWigston, LeicestershireLE18 1AD |

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.**