

Community Trigger request form

You can submit a Community Trigger request using this form if you have reported three separate anti-social behaviour or hate incidents in the last six months and no action has been taken.

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| Your Contact Details |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email** |  |
| **Are you**  | An owner/occupier 🞏 In private rented accommodation 🞏 in social housing 🞏 |
| **If you are in social housing who is the housing provider?** |  |
| **Preferred method of contact** | Telephone 🞏Mobile 🞏Email 🞏 |

Incident details

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| Incident one |
| Date |  |
| What happened? |  |
| Where did it take place? |  |
| How has it affected you? |  |
| Who did you report it to? |  |
| Were you given a reference number or name of who would be dealing with it? Please provide these details if you can remember… |  |
| What response did you get to this first report? |  |

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| Incident two |
| Date |  |
| What happened? |  |
| Where did it take place? |  |
| How has it affected you? |  |
| Who did you report it to? |  |
| Were you given a reference number or name of who would be dealing with it? Please provide these details if you can remember… |  |
| What response did you get to this first report? |  |

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| Incident three |
| Date |  |
| What happened? |  |
| Where did it take place? |  |
| How has it affected you? |  |
| Who did you report it to? |  |
| Were you given a reference number or name of who would be dealing with it? Please provide these details if you can remember… |  |
| What response did you get to this first report? |  |

Additional information

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| Please use the space below to provide any additional information which you feel is relevant |
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Please e-mail your form to envhealth@rother.gov.uk

OFFICE USE ONLY

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| Date form received |  |
| **Lead agency** |  |
| **Have the Trigger criteria been met?** | Minimum of 3 complaints in 6 months 🞏No action been taken 🞏YES 🞏NO 🞏 |
| **If NO, confirmation that lead agency has made contact with the complainant and name of person making that contact.**  |  |
| **Date of contact** |  |
| **If YES, date of ASBRAC review.** |  |
| **Confirmation that action plan agreed and lead agency has made contact with the complainant and name of person making the contact.** |  |
| **Date of contact** |  |