

Community trigger

Referral form

This form is for a Community Trigger referral only.

Please make sure you have read the [information page](#) before you fill out this form so that you understand the thresholds needed for a Community Trigger referral.

If you think you meet the thresholds and want to proceed, please complete this form as fully as possible.

Contact details

We will need to contact you so please provide all of the requested details below.

If you are completing this form on behalf of a friend or a client of your service, please provide both your details and those of the person affected by the anti-social behaviour as we will need to contact the victim to confirm their consent to this application.

Are you making this referral on behalf of someone else? Yes No

If **No**, please start completing the form at section 2.

If **Yes** please fill in the following information.

Has the victim given you written consent to make this application? Yes No

If **No**, please obtain written permission before you submit this form as you cannot apply for a Community Trigger on behalf of someone else without first obtaining written permission. This is because we will need to contact them and share their information.

If you have said **yes** please ensure that you provide us with their original written consent at the same time as you submit this form.

Section 1

Your details:

Name:

Address:

Postcode:

Email address:

(This is our preferred way for corresponding):

Telephone number:

Relationship to victim:

If the victim is a client please say which organisation you are representing

Section 2

Victim's details:

Name:

Address:

Postcode:

Email address:

(This is our preferred way for corresponding):

Telephone number:

Which of these best describes your housing situation? (tick one box only)

Council tenant (including leasehold)

Housing Association

Private tenant

Owner occupied

Other

If you are a tenant, please provide us with your landlord's name or the name of the contact:

--

Section 3

Please provide us with details of the incidents that you have reported.

Incident one:

Date:

What happened?

Where did it take place?

How has it affected you?

Who did you report it to?

If you were given a reference number, please tell us what it is:

What response did you get to this first report?

Incident two:

Date:

--

What happened?

Where did it take place?

How has it affected you?

Who did you report it to?

If you were given a reference number, please tell us what it is:

What response did you get to this second report?

Incident three:

Date:

What happened?

Where did it take place?

How has it affected you?

Who did you report it to?

If you were given a reference number, please tell us what it is:

What response did you get

to this first report?

--

Section 4:

Equalities monitoring (optional questions)

Are you (tick one box only):			
Male <input type="checkbox"/>		Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
Your age			
Heterosexual <input type="checkbox"/>		Homosexual <input type="checkbox"/>	Bi-Sexual <input type="checkbox"/>
Are you?:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Civil Partnership <input type="checkbox"/>
other (please state)			
Religion – please state			
Do you consider yourself disabled?			
Ethnicity – please state			

Section 5:

Declaration

(Please tick boxes if you agree with the statements)

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

Signature

Date

I agree for my information to be shared with relevant partner agencies for the purpose of this review.

Signature

Date

Thank you for completing this Community Trigger referral form.

If you have completed this form on behalf of someone else, please ensure that you provide us with their original written consent at the same time as you submit this form.

Please either email to communitytrigger@wiltshire.gov.uk or print off and post to:

**Community Trigger referral
Public Protection Team, Community Safety
County Hall
Bythesea Road
Trowbridge
Wiltshire
BA14 8JN**

We will aim to contact you within two working days of receiving this form. In the meanwhile please continue to report any further incidents using the log sheets provided on the Community Safety ASB webpage.

Many thanks