



ANTI-SOCIAL BEHAVIOUR, CRIME AND POLICING ACT 2014

COMMUNITY TRIGGER REQUEST

Section 1: Contact Details

Name:		Date of Birth:	(optional)
Address: (incl post code)			
Business Name:		Organisation:	
Preferred method of contact: Telephone <input type="checkbox"/> E-mail <input type="checkbox"/> Post <input type="checkbox"/>			
Preferred Language: English <input type="checkbox"/> Welsh <input type="checkbox"/>			

Section 2: Consent from Victim:

If you are representing a victim(s) signed consent for a case review must be obtained. Please provide details as confirmation of consent will need to be obtained.

Victim's Name (if different to above)		Date of Birth:	(optional)
Address (incl post code) (if different to above)			
Telephone		Email	

Section 3: Incident Information

Incident 1 – Date and Time	
Brief details including location	

Reported to (if known)			
Reference(s) (if known)			
Organisations reported to (check all that apply)			
Conwy CBC <input type="checkbox"/>	North Wales Police <input type="checkbox"/>	Betsi Cadwaladr <input type="checkbox"/> University Health Board	Housing Association <input type="checkbox"/>
Action taken			
Incident 2 – Date and Time			
Brief details including location			
Reported to (if known)			
Reference(s) (if known)			
Organisations reported to (check all that apply)			
Conwy CBC <input type="checkbox"/>	North Wales Police <input type="checkbox"/>	Betsi Cadwaladr <input type="checkbox"/> University Health Board	Housing Association <input type="checkbox"/>

Action taken

Incident 3 – Date and Time

Brief details including location

Reported to (if known)

Reference (s) (if known)

Organisations reported to (check all that apply)

Conwy CBC

North Wales Police

Betsi Cadwaladr
 University Health
Board

Housing Association

Action taken

Section 4: Reason for Requesting a Case Review

Please explain why you are unhappy with the way your case has been dealt with:

What would you like to happen to resolve this issue?

Are you receiving any support from other agencies in relation to this matter?

Any other information you wish to provide in relation to this matter

As a victim of the incidents indicated on this form, I confirm that the details provided by me within this form are accurate and I understand that those details may be shared with other agencies involved in the review process

I Agree