

**ANTI-SOCIAL BEHAVIOUR, CRIME AND POLICING ACT 2014**

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| **COMMUNITY TRIGGER REQUEST** |
| **Section 1: Contact Details** |
| **Name:** |  | **Date of Birth:** | (optional) |
| **Address:**(incl post code) |   |
| **Business Name:** |  | **Organisation:** |  |
| **Preferred method of contact**: Telephone ☐  E-mail ☐  Post ☐  |
| **Preferred Language:** English ☐ Welsh ☐ |
| **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 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 ☐** | **North Wales Police ☐** | **Betsi Cadwaladr ☐University Health Board** | **Housing Association ☐** |
| **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 ☐** | **North Wales Police ☐** | **Betsi Cadwaladr ☐University Health**  **Board** | **Housing Association ☐** |
| **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