

**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