

Leicestershire, Leicester & Rutland Community Trigger Reporting Form

Personal information contained in this form will be used to help us understand the incidents of anti-social behaviour that you are concerned about.

The Community Trigger can be used in the following situations.

Please indicate which applies:

- If you (as an individual) have complained to the Council, Police or a Registered Housing Provider (social landlord) about three separate incidents in the last six months and you consider there has been no action taken.
- If five individuals in your local community have complained separately to the Council, Police or Registered Housing Provider (social landlord) in the last six months about similar incidents of anti-social behaviour and they consider no action has been taken.

Section 1: About your situation

1. If you have reported this before please tell us who you reported it to?

2. Does this issue affect more than one household or business premises?

- Yes No

3. Do you think the incident(s) can be described as either of the below?

Anti-Social Behaviour is acting in a manner which is likely to cause harassment, alarm or distress to one or more persons not of the same household. It is behaviour that lacks consideration for others and that may cause damage to society whether intentionally or through negligence.

A Hate Incident is any incident where you or someone else has been targeted because you or they are believed to be different, this may be motivated by: age, disability, gender, identity, race, religion/belief or sexual orientation.

(Please tick all that apply)

- Anti-Social behaviour Hate Incident Both Neither

4. As far as you are aware has any action been taken?

- Yes No Not Sure

Section 2: The incident(s)

If **'Yes'** please give a brief description of what action has been taken (please include the names of any organisations /officers you have dealt with) and any incident numbers you have.

Date and time of the Incident(s)?

Where did the incident(s) / problem(s) take place?

Who was involved in the incident(s) / problem(s)?

What happened?

Has anyone else witnessed this?

How are the incidents affecting you?

Do you think the incidents / concerns are because of:

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Religion or Belief | <input type="checkbox"/> Illness or Disability | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Being transgendered | <input type="checkbox"/> Gender | <input type="checkbox"/> None of the above |

Section 3: Your contact details

Please provide your details so that we can contact you. If you are completing this form on behalf of a friend or a client of your service, please provide details of the person affected by this situation. We will use this to ask any further questions or provide feedback on your referral as necessary.

Name

Date of Birth

Address (including postcode)

Telephone

Mobile

Best time to call

Email

Which of these best describes you?

- Council tenant (include leasehold)
 Private tenant
 Owner occupier
 Housing Association tenant
 Other

Please provide us with your landlord's name and contact details or the name and contact details of your housing officer.

Section 4: Equalities monitoring (optional questions)

Gender

- Male
 Female
 Transgender

Age

Date of Birth

Sexual Orientation

Heterosexual Homosexual Bi-Sexual Other (please state below)

Religion

Please give details of any disability

Ethnicity

Section 5: Keeping you informed

We will keep you informed about progress. Our promise is to acknowledge receipt of your referral within 5 working days.

Do you wish to be informed about the progress of your referral?

Yes No

Your feedback: Please tell us how easy you found this form to use and if the information about Community Trigger was helpful

Section 6: Declaration

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

Name

Signature

Date Completed

Thank you for completing this form. Please return completed form to:
????????????????