

MOLE VALLEY DISTRICT COUNCIL COMMUNITY TRIGGER REQUEST FORM

The Community Trigger gives victims of anti-social behaviour (ASB) the right to request a review of their case and bring agencies together to take a joined up, problem solving approach to find a solution.

If you are unsure whether the Community Trigger is right for you or need any help preparing your application please call 01306 879338 and we would be happy to assist you.

The Community Trigger can be used if you have complained to Mole Valley District Council, the police and/or a registered housing provider (social landlord) on 3 or more occasions about separate incidents in the past 6 months.

Each incident of anti-social behaviour must have been reported within one month of it happening.

Definition of anti-social behaviour (ASB):

- (a) conduct that has caused, or is likely to cause, harassment, alarm or distress to any person,
- (b) conduct capable of causing nuisance or annoyance to a person in relation to that person's occupation of residential premises, or
- (c) conduct capable of causing housing-related nuisance or annoyance to any person

Your contact details	
Name:	
Address:	
	Postcode:
Telephone:	
Mobile:	
Email:	
Incident details	
Incident One:	
Date:	
What happened?	
Where did it take place?	
How has it affected you?	
Who was responsible?	
Who did you report it to?	
Were you given a reference number? If yes, what is it?	
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 was responsible?	
Who did you report it to?	
Were you given a reference number? If yes, what is it?	
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?	
Who was responsible?	
Were you given a reference number? If yes, what is it?	
What response did you get to this third report?	

Additional Information

Please use the space below to provide any additional information you feel relevant.

If you are the victim and requesting the case review, please sign the below declaration.
 If you are acting on behalf of a victim involved in this case, please ask them to sign the below declaration before submitting the case review request form.

“As a victim of the incident/s indicated on this form, I give consent for the Community Safety Partnership to request information from relevant organisations including the local council, police, health providers and housing associations about the case, and to share that information with appropriate agencies in order to determine if a case review meeting should take place.”

Victim’s Name:

Signature:

Date:

If other people you know are experiencing the same anti social behaviour, you can add their details (if known) below BUT please ensure you have their consent before doing so and get them to sign their consent below their details.

1st Additional Victim/Witness

Name:

Address:

Postcode:

Telephone:

Mobile:

Email:

“As a victim of the incident/s indicated on this form, I give consent for the Community Safety Partnership to request information from relevant organisations including the local council, police, health providers and housing associations about the case, and to share that information with appropriate agencies in order to determine if a case review meeting should take place. I also understand I may be contacted for further information”

Signature:

Date:

2nd Additional Victim/Witness

Name:

Address:

Postcode:

Telephone:

Mobile:

Email:

“As a victim of the incident/s indicated on this form, I give consent for the Community Safety Partnership to request information from relevant organisations including the local council, police, health providers and housing associations about the case, and to share that information with appropriate agencies in order to determine if a case review meeting should take place. I also understand I may be contacted for further information”

Signature:	
Date:	

3rd Additional Victim/Witness	
Name:	
Address:	
	Postcode:
Telephone:	
Mobile:	
Email:	
<p><i>“As a victim of the incident/s indicated on this form, I give consent for the Community Safety Partnership to request information from relevant organisations including the local council, police, health providers and housing associations about the case, and to share that information with appropriate agencies in order to determine if a case review meeting should take place. I also understand I may be contacted for further information”</i></p>	
Signature:	
Date:	

Thank you for submitting this information. You will be contacted within 3 working days to confirm receipt of your submission.

For impartial advice on how to report ASB and tips to secure best evidence visit ASB Help:
<https://asbhelp.co.uk/how-to-report-anti-social-behaviour/>

Please return this form to asb@molevalley.gov.uk or post to Community Safety Officer,
 Community Safety and Enforcement, Mole Valley District Council, Pippbrook, Dorking,
 Surrey RH4 1SJ.