

# 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.

Within the last six months:

- You (as an individual) have complained to the Council, Police, or a Registered Housing Provider (social landlord) about three separate incidents of anti-social behaviour within your area,  
*or*
- Three individuals in your local community have complained separately to the Council, Police or Registered Housing Provider (social landlord) about the same incident of anti-social behaviour,  
*or*
- If you have been a victim of a Hate Crime or Incident,  
*And,*
- You are dissatisfied with the response from agencies.

## 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: 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:**

Disability  Gender identity  Race  Religion or Belief  
 Sexual Orientation  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

Age:

Male  Female  Transgender

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**

Please note: Signing or making an application on behalf of someone else signifies their consent.

**Date Completed**

NOT PROTECTIVELY MARKED