**Community Trigger**

The Community Trigger is part of the Anti-Social Behaviour Crime and Policing Act 2014. It gives victims and communities the right to request a review of their anti-social behaviour complaints and brings agencies together to take a joined up, problem solving approach to find a solution.

If a Community Trigger submission meets the defined threshold, a case review will be undertaken by the local Community Safety Partnership (CSP). Agencies will share information, review what action has been taken and decide whether additional actions are possible.

**Who can use the Community Trigger?**

A victim of Anti-Social Behaviour (ASB) or another person acting on behalf of the victim such as a carer or family member, MP, councillor or professional person.

The victim could be an individual, business or community group.

You can submit a Community Trigger request if:

* You have reported three times in the last six months separate, but related, anti-social incidents to agencies and the problem persists
* You are aware that other people in the local community have reported separate, but related, anti-social incidents to agencies in the last six months and the problem persists (the trigger will be started if five or more individuals have made separate, but related reports over a six month period).

**You cannot submit a Community Trigger if:**

* The agency/agencies involved have given you a time-frame for actions to be completed and this has not yet expired.
* The agency/agencies involved have taken action but you are unhappy with the conduct of a particular agency. This should be dealt with through the agency's complaints procedure

|  |  |  |
| --- | --- | --- |
| **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 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 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? |  |  |
| 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 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.** | | |
| **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:** |  | |
| *“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:** |  | |
|  |  | |
| 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:** |  | |

**Please submit your completed application form** to [contactus@epsom-ewell.gov.uk](mailto:contactus@epsom-ewell.gov.uk)

Or by post to

Epsom and Ewell Borough Council, The Old Town Hall, The Parade, Epsom KT18 5BY

**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/**](https://asbhelp.co.uk/how-to-report-anti-social-behaviour/)