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*

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?**

Click or tap here to enter text.

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

Yes  No

## 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

## 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.

Click or tap here to enter text.

**Date and time of the Incident(s)?**

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

**What happened?**

Click or tap here to enter text.

**Has anyone else witnessed this?**

Click or tap here to enter text.

**How are the incidents affecting you?**

Click or tap here to enter text.

**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**

Click or tap here to enter text. Click or tap to enter a date.

**Address (including postcode)**

Click or tap here to enter text.

**Telephone Mobile**

Click or tap here to enter text. Click or tap here to enter text.

**Best time to call Email**

Click or tap here to enter text. Click or tap here to enter text.

**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.**

Click or tap here to enter text.

# Section 4: Equalities monitoring (optional questions)

**Gender Age**

Male  Female  Transgender Click or tap here to enter text.

**Sexual Orientation**

Heterosexual  Homosexual  Bi-Sexual  Other (please state below)

Click or tap here to enter text.

**Religion**

Click or tap here to enter text.

**Please give details of any disability**

Click or tap here to enter text.

**Ethnicity**

Click or tap here to enter text.

# 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

Click or tap here to enter text.

# Section 6: Declaration

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

**Name Signature**

Click or tap here to enter text. Click or tap here to enter text.

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

**Date Completed**

Click or tap to enter a date.

Thank you for completing this form. Please return to:

Email: [communitysafety@melton.gov.uk](mailto:communitysafety@melton.gov.uk)

Post: The Community Safety Lead, Community Safety, Melton Borough Council, Parkside, Burton St, Melton Mowbray LE13 1GH.