

Application to activate an ASB case review (Community Trigger)

(Section 104, ASB Crime & Police Act 2014)

Date of application:		
Details of person making the application:		
Name:		
Address:		
Contact number:		
On behalf of the victim:	Yes/No	In what capacity: MP/councillor/other:
Has consent been obtained?:	Yes/No	
Details of victim:		
Name:		
Address:		
Contact number:		

In order to meet the threshold to activate the Community Trigger, at least three incidents of anti-social behaviour within six months must have been reported. The three incidents can be to different agencies i.e. two to the police and one to housing provider or local authority.

It is very important that you provide full details of each of the reports below so that the incidents can be verified.

INCIDENT ONE:	
Date of incident:	
Description of incident: (brief circumstances required)	
Date reported:	
Who it was reported to:	
Reference details: police log no./officer's name	

INCIDENT TWO:	
Date of incident:	
Description of incident: (brief circumstances required)	
Date reported:	
Who it was reported to:	
Reference details: police log no./officer's name	

INCIDENT THREE:	
Date of incident:	
Description of incident: (brief circumstances required)	

required)	
Date reported:	
Who it was reported to:	
Reference details: police log no./officer's name	

Any other relevant information:

You will receive acknowledgement of this application within **FIVE** working days of the date it is received.

You will receive notification as to whether your application is successful or not with **TEN** working days of the date it is received.

Declaration

I declare that the information I have provided on this form is to the best of my knowledge true.

Signature of applicant: _____

Print name of applicant: _____

Signature of victim: _____