

Community Trigger Application

Your Contact Details

Full Name	
Date of Birth	
Address	
Name of Housing Provider if your property is not privately owned?	
Phone Number - AND (Time you prefer to be contacted)	
Email Address	

Incident Details - Incident 1

Date of Incident (1)					
Location of Incident					
Brief Details of incident					
Any witnesses? Please provide details					
Who did you report it to?	Council	Police	Social	Other	Date Reported
Incident Reference Number?					
What if any action has been taken?					

How has this incident affected you? Please provide as much detail as possible.		
Are you the victim? (one household = one victim)	YES	NO
If you are the victim	Do you know the perpetrators address?	Does the perpetrator know your address?
Has the victim given you consent to share this information with Relevant Agencies?	(Please sign attached Letter of Consent) YES NO	
Does this involve a Hate crime? If yes, please provide more details in the box opposite.	Hate Crime is any incident motivated by prejudice on the basis of a person's race, religion, sexual orientation, disability or transgender identity. YES NO	

Additional Information:

Incident Details - Incident 2

Date of Incident (2)					
Location of Incident					
Brief Details of incident					
Any witnesses? Please provide details					
Who did you report it to?	Council	Police	Social	Other	Date Reported
Incident Reference Number?					
What if any action has been taken?					
How has this incident affected you? Please provide as much detail as possible.					
Are you the victim? (one household = one victim)					
If you are the victim	Do you know the perpetrators address?		Does the perpetrator know your address?		
Has the victim given you consent to share this information with Relevant Agencies?	(Please sign attached Letter of Consent) YES NO				
Does this involve a Hate crime? If yes, please provide more details in the box opposite.	Hate Crime is any incident motivated by prejudice on the basis of a person's race, religion, sexual orientation, disability or transgender identity. YES NO				

Additional Information:

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Incident Details - Incident 3

Date of Incident (3)					
Location of Incident					
Brief Details of incident					
Any witnesses? Please provide details.					
Who did you report it to?	Council	Police	Social	Other	Date Reported
Incident Reference Number?					
What if any action has been taken?					
How has this incident affected you? Please provide as much detail as possible.					
Are you the victim? (one household = one victim)					
If you are the victim	Do you know the perpetrators address?		Does the perpetrator know your address?		
Has the victim given you consent to share this information with Relevant Agencies?	(Please sign attached Letter of Consent)				
	YES		NO		
Does this involve a Hate crime? If yes, please provide more details in the box opposite.	Hate Crime is any incident motivated by prejudice on the basis of a person's race, religion, sexual orientation, disability or transgender identity.				
	YES		NO		

Additional Information:

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**What are you hoping to achieve by making this
Community Trigger request ?**

Community Trigger Risk Assessment		
1. Other than this occasion - how often do you have problems?	Daily Most days Most weeks Most months Only occasionally	
2. Do you think the current incident is linked to previous incidents? If so why?	Yes No	
3. Do you think that incidents are happening more often and/or are getting worse?	Yes No	
4. Do you know the offender(s)?	They know each other well They are 'known' to each other They do not know each other	
5. Does the perpetrator (or their associates) have a history of or reputation for intimidation or harassment?	Perpetrator or their associates are currently harassing the complainant Perpetrator or their associates have harassed the complainant in the past Perpetrator or their associates have not harassed the complainant, but have a history or reputation for violent behaviour or harassment Perpetrator or their associates have no history or reputation for harassment or intimidation	

6. Are you aware whether the perpetrator has had problems in the past 12 months with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? Details:	No Yes	
7. Which of the following do you think that this incident deliberately targeted? Specify:	You Your family Your community None	
8. Do you feel that this incident is associated with your faith, nationality, ethnicity, sexuality, gender or disability? Details:	Yes No	
9. In addition to what has happened, do you feel that there is anything that is increasing you or your household's personal risk (e.g. because of personal circumstances)? Details:	Yes No	
10. How affected do you feel by what has happened? Details:	Not at all Affected a little Moderately affected Affected a lot Extremely affected	
11. Do you feel isolated due to the abuse/lack of support network?	No Yes	
12. Has yours or anyone's health been affected as a result of this and any previous incidents? Details:	Physical health Mental health	
13. If a victim, has the perpetrator made serious threats to kill or to cause serious harm to you or your family? Details:	No Yes	
14. Do you have a social worker, health visitor or any other type of professional support? Can we speak to them about this? Details:	No Yes	

<p>15. Do you have any friends and family to support you?</p>	<p>Complainant lives alone and is isolated</p> <p>The complainant is isolated from people who can offer support</p> <p>The complainant has a few people to draw on for support</p> <p>The complainant has a close network of people to draw on for support complainant has a close network of people to draw on for support</p>	
<p>16. Apart from any effect on you, do you think anyone else has been affected by what has happened? Details:</p>	<p>Your family</p> <p>Local community</p> <p>Other</p>	