

## **Community Trigger request form**

You can submit a Community Trigger request using this form if you have reported three separate anti-social behaviour or hate incidents in the last six months and no action has been taken.

| Your contact detail         | ls |             |          |         |
|-----------------------------|----|-------------|----------|---------|
| Name                        |    |             |          |         |
| Address                     |    |             |          |         |
| Housing provider            |    |             |          |         |
| Postcode                    |    |             |          |         |
| Telephone                   |    |             |          |         |
| Mobile                      |    |             |          |         |
| Email                       |    |             |          |         |
| Preferred method of contact |    | Telephone □ | Mobile □ | Email □ |

# Please complete the incident details on the following pages and then return your completed form to:

 Adur & Worthing Councils, Safer Communities Team, Worthing Town Hall, Chapel Road, Worthing, West Sussex, BN11 1HA

Or you can email your completed form to:

• Email: safer.communities@adur-worthing.gov.uk

You can contact the Safer Communities Team on:

- Tel: 101 Ext 581744
- Email: safer.communities@adur-worthing.gov.uk

**Note:** If you need more space, then additional information can be added on the last page of the form.

## **Incident details – Incident One**

| 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? |  |

If you need more space, then additional information can be added on the last page of the form.

### **Incident details – Incident Two**

| 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 first report? |  |

If you need more space, then additional information can be added on the last page of the form.

### **Incident details – Incident Three**

| 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 first report? |  |

If you need more space, then additional information can be added on the last page of the form.

#### **Additional Information**

| Please use the space below to provide any additional information you feel relevant. |  |  |  |
|---|--|--|--|
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