

# Community Trigger Referral Form

The Community Trigger is a process you can use to ask agencies to review their response to anti-social behaviour or hate incidents you have reported. This is the Community Trigger referral form. In an emergency please contact the relevant emergency service, police, fire or ambulance on 999.

Please complete this form as fully as possible.

## Your Contact Details

**Name**

**Address including Postcode**

**Telephone**

**Email**

**Which of these best describes you ?**

**Council tenant (including leasehold)**

**Private Tenant**

**Owner Occupier**

**Housing Association**

**Other**

**If you're a tenant, please provide the name of your Landlord and contact details:**

**Incident Details**

**Please give details of 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 so, what was it ?**

**What response did you receive to this first report ?**

**Incident Details**

**Please give details of 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 so, what was it ?**

**What response did you receive to this second report ?**

**Incident Details**

**Please give details of 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 so, what was it ?**

**What response did you receive to this third report ?**

**Additional information**

Please use the space provided to let us know of any additional information you feel is relevant

**Equalities Monitoring** (optional questions - you do not have to answer all questions)

**Gender**

Male

Female

Transgender

Other

**Age**

**Sexual Orientation**

Bi-sexual

Same sex preference - (Lesbian / Gay)

Heterosexual

Don't know

Prefer not to say

Other

**Religion – please state**

**Disability**

Yes or No

**If Yes – then please provide details**

**Ethnicity – please select**

Indian	Caribbean	White and Black Caribbean	White - British
Pakistani	African	White and Black African	White - Irish
Bangladeshi	Any other Black background	White and Asian	Any other White background
Any other Asian Background	Chinese	Any other Mixed background	Any other Ethnic background

**Declaration**

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

and return to:

Democratic Services Officer, Democratic Services, Town Hall, Duke Street, Barrow-in-Furness, Cumbria, LA14 2LD.

Email: [ctteadmin@barrowbc.gov.uk](mailto:ctteadmin@barrowbc.gov.uk)

Tel No: 01229 876543