

# COMMUNITY TRIGGER

## ASB Case Review Request Form

Please complete fully so that an assessment can be made as to whether the threshold for a review has been met

Please print and return this form to:

**Community Trigger, Community Safety Department, Council Offices, Shirehall Street, Caernarfon, Gwynedd, LL55 1SH.**

### SECTION ONE: CONTACT DETAILS

Please provide us with your contact details: we need to be able to keep in contact with the person who is requesting the case review.

**This will be the point of contact for all correspondence throughout the case review process**

Your Full Name:	
Gender:	
Age:	

Organisation / Group: (If applicable)		
Position in organisation / group: (if applicable)		
	Full postal address : (Including post code)	
	Email address:	
	Mobile:	

	Preferred method of communication:	Home telephone	<input type="checkbox"/>
	(Tick one box only)	Mobile	<input type="checkbox"/>
		E-mail	<input type="checkbox"/>
		Letter	<input type="checkbox"/>
Are you the victim?	Victim:	<input type="checkbox"/>	(Tick one box only)
Or are you representing the victim(s)?	Representing a victim:	<input type="checkbox"/>	
Victim's name: (if different to above)			
Victim's Address (if different to above)			
<p><b>PLEASE NOTE: IF you are representing the victim(s), you must have signed consent to request a case review</b></p>			

**SECTION TWO: CONSENT FROM THE VICTIM**

If you are acting on behalf of the victim, we will need to see their written permission as well as written confirmation that they are happy for information regarding their case to be shared with you.

Please confirm by ticking the box that signed permission and consent can be obtained.

### SECTION THREE: INCIDENT INFORMATION

Each incident **must** have been reported to one of the following organisations:

- Gwynedd County Council
- North Wales Police
- A Registered Social Landlord
- Local Health Board

E.g. All three incidents may have been reported to Gwynedd County Council or two incidents may have been reported to Gwynedd County and one to North Wales Police

#### INCIDENT ONE

Date and time of incident:		
Brief details including location:		
Reported to:	Name: (If known)	
	Organisation:	
Incident or reference number: (if known)		
Date and time of report:		
Method of initial reporting:	Home telephone	<input type="checkbox"/>
	E-mail	<input type="checkbox"/>
	Written	<input type="checkbox"/>
	In person	<input type="checkbox"/>
Action taken and by whom:		

**INCIDENT TWO**

Date and time of incident:		
Brief details including location:		
Reported to:	Name: (If known)	
	Organisation:	
Incident or reference number: (if known)		
Date and time of report:		
Method of initial reporting:	Home telephone	<input type="checkbox"/>
	E-mail	<input type="checkbox"/>
	Written	<input type="checkbox"/>
	In person	<input type="checkbox"/>
Action taken and by whom:		

**INCIDENT THREE**

Date and time of incident:		
Brief details including location:		
Reported to:	Name: (If known)	
	Organisation:	
Incident or reference number: (if known)		
Date and time of report:		
Method of initial reporting:	Home telephone	<input type="checkbox"/>
	E-mail	<input type="checkbox"/>

	Written <input type="checkbox"/>
	In person <input type="checkbox"/>
Action taken and by whom:	

**SECTION FOUR: REASON FOR REQUESTING A CASE REVIEW**

The more information you provide in this section, the better understanding the case review meeting will have of the current situation and your expectations of solution.

What is the current situation?

Please could you explain why you are happy with the action has been taken?

What would you like to see done to resolve the issue?

Are you currently receiving support from any agency in relation to these incidents? What other agencies do you think can help to resolve the problem? Please provide details:

Is there any other information you would like to provide in relation to these incidents?

<p><i>“As a victim of the incident(s) indicated on this form, I confirm that the details provided by me within this form are accurate and I understand that those details may be shared with other agencies involved in this process.”</i></p>		
Victim name:	Signature:	Date:

Even if consent is refused, the organisations may share information where required or permitted under statutory provisions.

SECTION FIVE: EQUALITIES MONITORING

<p>Ethnicity: Please look at the list to the right and tick one box that you feel describes your ethnicity</p>	White	
	British <input type="checkbox"/>	Irish <input type="checkbox"/>
	Welsh <input type="checkbox"/>	English <input type="checkbox"/>
	Scottish <input type="checkbox"/>	Any other white background <input type="checkbox"/>
	Mixed	
	White and Black Caribbean <input type="checkbox"/>	White and Asian <input type="checkbox"/>
	White and Black African <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>
	Asian or Asian British	
	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
	Black or Black British	
	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
		Any other Black background <input type="checkbox"/>
	Chinese or other Ethnic Group	

	Chinese <input type="checkbox"/>	Any other <input type="checkbox"/>
	Not stated	
	Prefer not to say	<input type="checkbox"/>

Completion of this section is not compulsory