Anti-Social Behaviour, Crime & Policing Act 2014
Bracknell Forest Council
Community Trigger Application Form

Application for a Case Review

This procedure can only be used when you have made **three reports about three separate incidents** of anti-social behaviour to Bracknell Forest Council, Thames Valley Police or a Registered Housing Provider and you feel the response was inadequate. Under the Bracknell Forest Council Community Trigger Procedure we will review the details of your application in order to decide if this is a Qualifying Complaint. Please complete this application form and we will contact you within 7 working days on receipt of your application.

Please complete this form as fully as possible. All information is treated in the strictest confidence; however, we may share information with our partner agencies in order to provide a solution to your problem. By completing this form you agree to your information being shared.

Your Details								
Full Name								
Organisation or Group (if applicable)								
Address								
Postcode								
Daytime Telephone Number								
Email Address								
Which of the following best describes you?	**Housing Association**		**Owner Occupier**		**Private Tenant**		**Other** **(please give details)**	
Please provide the names of any supporting professionals who you have previously communicated with regarding this problem								

Previous Report	
What is the issue the Community Trigger is about?	

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In this section please complete the details of the three reports you have made about anti-social behaviour. These incidents must have been reported in the last six months.

Individual Reports								
First Report								
Date of Incident								
Who was the Incident Reported to?	**Name**							
	Organisation							
Details and Location of the Incident								
Incident/Crime Reference Number								
Method of Reporting (tick applicable)	**Phone**		**Email/ Online**		**Writing**		**In Person**	
What Response Did You Get About The Incident?								

Second Report								
Date of Incident								
Who was the Incident Reported to?	**Name**							
	Organisation							
Details and Location of the Incident								
Incident/Crime Reference Number								
Method of Reporting (tick applicable)	**Phone**		**Email/ Online**		**Writing**		**In Person**	
What Response Did You Get About The Incident?								

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Third Report								
Date of Incident								
Who was the Incident Reported to?	**Name**							
	Organisation							
Details and Location of the Incident								
Incident/Crime Reference Number								
Method of Reporting (tick applicable)	**Phone**		**Email/ Online**		**Writing**		**In Person**	
What Response Did You Get About The Incident?								

Reason for Requesting a Case Review
What is the current situation?
Why are you unhappy with the action taken so far?
What else would you like to see done to resolve the issue?
Are you currently receiving support regarding these incidents? Please describe.

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Equalities Monitoring - Confidential

We recognise and value all of the people in Bracknell Forest and want to make sure that everyone can access our services. The information we ask for in this section will only be used to compile statistics for use in monitoring the complaints procedure or improving the delivery of the council's services.

Please note that to provide this information is optional either completely or in part.

Would you like to provide equalities monitoring information?			
Yes		No	

Gender			
Male		Female	

Please select your age group			
Under 18		18-34	
35-49		50-64	
65-79		80+	

Is your current or identified gender different from the one assigned at birth?			
Yes		No	

To which of these groups do you consider you belong? (Please tick one box only)							
White		Mixed		Asian or Asian British		Black or Black British	
English/Welsh/Scottish /Northern Irish/British		White & Black Caribbean		Indian		African	
Irish		White & Black African		Pakistani		Caribbean	
Gypsy/Irish Traveller		White & Asian		Nepali		Other Black background	
Showpeople/Circus		Other Mixed background		Bangladeshi		Chinese	
Other White background		Arab/Other Ethnic		Other Asian background		Chinese	
Any other ethnic group. Please specify.		Arab				Filipino	
		Other Ethnic					

How would you describe your religion/belief? (Please tick one box only)			
None		Hindu	
Christian (all Christian denominations)		Muslim	
Buddhist		Sikh	
Jewish		Other religion/belief	
No religion/belief			

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How would you describe your sexual orientation? (Please tick one box only)			
Heterosexual / Straight		**Bisexual**	
Gay Man		**Prefer not to say**	
Lesbian / Gay Woman			

Do you consider yourself to have a health problem or disability which has lasted, or is expected to last, at least 12 months?			
Yes		**No**	

Please state the type of impairment that applies to you. (Please tick all that apply)	
Physical impairment, such as difficulty using your arms or mobility issues which mean using a wheelchair or crutches	
Sensory impairment, such as being blind, having a serious visual impairment, being deaf or having a serious hearing impairment	
Mental health condition, such as depression or schizophrenia	
Learning disability/difficulty such as down's syndrome or dyslexia, or cognitive impairment such as autistic spectrum disorder	
Longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	
Other	

Declaration	
I agree that information I have supplied is relevant to my complaint of anti-social behaviour and can be shared between organisations for the purpose of investigating my complaints.	
Signature	
Date	

Please send your completed application form to: **Community Safety Support Officer, Community Safety Team, Bracknell Forest Council, Easthampstead House, Town Square, Bracknell, RG12 1AQ.**