

GROUP APPLICATION FORM

You can submit a Community Trigger request using this form if you are aware that other people in the local community have reported separate, but related, antisocial incidents to agencies in the last six months and the problem persists. The trigger will be started if five or more individuals have made separate, but related reports over a six month period. Thank you for submitting this information. You will be contacted within 3 working days to confirm receipt of your submission.

Your contact details	
Name:	
Address:	
	Postcode:
Telephone:	
Mobile:	
Email:	
Incident details	
Incident Details	
Date:	
Does this issue affect more than one household or business premise? Please provide as much detail as possible, including relevant names and addresses and contact details	
What happened?	
Where did it take place?	
How has it affected them/you?	
Who was it report it to?	
Were they/you given any reference numbers? If yes, what are they?	
What response has been made to these reports?	

Additional Information

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

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Consent from Victims

If you are the victim and requesting the case review, please sign the below declaration. If you are acting on behalf of a victim involved in this case, please ask them to sign the below declaration before submitting the case review request form. A signature is required from each victim related to this submission. You will need a minimum of 4 signatures plus your own before submitting this form

“As a victim of the incident/s indicated on this form, I give consent for the Community Safety Partnership to request information from relevant organisations including the local council, police, health providers and housing associations about the case, and to share that information with appropriate agencies in order to determine if a case review meeting should take place.”

Victim One Name:	
Signature:	
Date:	

Victim Two Name:	
Signature:	
Date:	

Victim Three Name:	
Signature:	
Date:	

Victim Four Name:	
Signature:	
Date:	

Victim Five Name:	
Signature:	
Date:	

ADDITIONAL COMPLAINANTS (Not required)

Victim Six Name:	
Signature:	
Date:	

Victim Seven Name:	
Signature:	
Date:	

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Please return this form to:

**Community Safety Manager
Reigate & Banstead Borough Council
Town Hall,
RH2 0SH**