

## Community trigger form

Please complete this form to activate the community trigger to request a review of your ASB case. To be eligible to use the community trigger you must have reported ASB to the council, police and/or a registered housing provider (or Housing Association) **three times in the last six months** and consider that **no action** has been taken. If your case is still open you must await the outcome.

Please note: if you choose not to provide us with certain information it may limit what we can do to review your case.

\* The asterisk denotes required information

### About the situation

1. Have you reported this issue before?\*

Yes                      No

(Either to the council, the police or through your housing provider)

If yes, to whom and when did you report it?

2. Does this issue affect more than one household or business premise?\*

Yes                      No

If yes, please provide as much detail as possible, including the names, addresses and contact details of those affected.

3. Can you confirm that (as far as you know) no action has been taken?\*

Yes                      No                      Not sure

If yes, why do you believe that no action has been taken by the relevant agencies? (Please provide as much detail as possible, including any available evidence, correspondence, agreed action plans, etc.)

**About the incident**

4. Where did the incidents take place?\*

(Please try to be as specific as possible, give postcode, estate location, etc.)

5. When did the incidents take place?\*

(Date, time and how long it lasted if you have that detail)

6. Who was involved in the incidents?\*

(Please provide as much detail as possible, including names, addresses, description of physical appearance, clothing, age, number of people involved, etc.)

7. Please describe what happened?\*

(Please give details of what you saw or heard)

8. Did anyone else witness these incidents?\*

(Please give the names, addresses and contact details of any witnesses if known)

9. How has it affected you?\*

10. Do any of the following relate to the incidents?\*

(Please tick all that apply)

Ethnicity

Religion or faith

Disability

Sexual orientation

Being transgender

None of these

#### Contact details

Please provide your details so that we can contact you to ask any further questions, or provide feedback on your referral. We may share some information with our trusted partners where it is necessary to help carry out a full review of your case, but it will be held securely and not shared beyond this.

If you are completing this form on behalf of a friend or a client of your service please provide details of the person affected by this situation.

First Name\*

Last name\*

Address\*

Postcode\*

Telephone\*

Email address

Please select an option that applies to you\*

Council tenant / Housing Association tenant / private tenant / owner occupier / other

If you have selected 'housing association' please give details of who your landlord is and if you have selected 'other' please specify.

Please give the names of any supporting professionals who you have previously communicated with regarding this problem (for example police officers, housing officers, anti-social behaviour officers, social workers)

Thanks you for completing this form. Please return it to [ASB.Unit@calderdale.gov.uk](mailto:ASB.Unit@calderdale.gov.uk) or by post to:

ASB Team - Calderdale MBC,  
Town Hall,  
Crossley Street,  
Halifax,  
HX1 1UJ

#### Privacy notice

Calderdale Council is registered with the Information Commissioners Office (ICO) under the provisions of the data Protection Act 1998. The Council takes its responsibilities under the Act very seriously

The information provided by you, or others about you, is collected purely for the purposes of providing you with the services required to deal with Anti Social behaviour. We need to collect this information in order to be able to provide the best solution to the issues raised. The collection and sharing of the information with us constitutes explicit consent from you for us to process your data for this purpose only and is necessary to protect the vital interests of a data subject or another person.

You may withdraw this consent at any time by writing to the Community Safety and Resilience Team, c/o The Town Hall, Crossley Street, Halifax HX1 of [asb.unit@calderdale.gov.uk](mailto:asb.unit@calderdale.gov.uk).

In addition you have the right to see what information is held about you, to have inaccurate information corrected, to have information removed from our system unless we are required by law or a statutory purpose to keep it and the right to complain to the data protection Officer if you feel that your data has not been handled in accordance with the law. The Councils Data protection Officer is Tracie Robinson and can be contacted at [information\\_management@calderdale.gov.uk](mailto:information_management@calderdale.gov.uk)

Your name, contact details and eligibility are recorded electronically on our system to maintain up to date records. This information will be kept for a maximum of 6 years, after our last contact, or until such time as the data is reviewed by us or removed at your request.