

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) | <input type="checkbox"/> |
| Private Tenant | <input type="checkbox"/> |
| Owner Occupier | <input type="checkbox"/> |
| Housing Association | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Incident Details

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

Incident Details

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 ☐

Incident Details

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

Incident Details

Declaration

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

and return to:

Customer Services, Copeland Borough Council, The Copeland Centre, Catherine Street, Whitehaven, CA28 7SJ

Or return via e-mail to: info@copeland.gov.uk