

# 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. To use this process, you must meet the Trigger threshold, which is set at:

**“If you (as an individual) have complained to the Council, Police or a Registered Housing Provider (social landlord) about three separate incidents in the last six months and you consider there has been no action taken”**

If you meet the threshold, please complete the form as fully as possible. If the incident / matter does not meet the threshold, then the matter can still be reported as an incident of ASB, and this will be actioned as a normal complaint and followed up. To submit the form, or an incident of ASB, please email [asb@harrow.gov.uk](mailto:asb@harrow.gov.uk)

If the matter is an emergency, please contact the relevant emergency service, police, fire or ambulance, on 999.

## Contact Details

Please provide your details so that we can contact you. If you are completing the form on behalf of a friend or a client of your service, please provide details of the person affected by the situation. We will use this to ask any further questions or provide feedback on your referral as necessary.

Name:			
Address, including Post Code:			
Telephone:		Email:	

Which of these best describe you?

Council Tenant (include leasehold) Association     
  Private Tenant     
  Owner Occupier     
  Housing

Other Please Specify: \_\_\_\_\_

If you are a tenant, please provide us with your landlord’s name or the name of the contact officer, and any contact details you hold for them:

## Incident Details

Please provide details of the three separate incidents that have occurred in the last 6 months and been reported

### Incident One

Date of Incident:	
What happened?	
Where did it take place?	
How has it affected you?	
Who did you report it to?	
If given a reference number, please state it	
What response did you get to this first response?	

### Incident Two

Date of Incident:	
What happened?	
Where did it take place?	
How has it affected you?	
Who did you report it to?	
If given a reference number, please state it	
What response did you get to this second response?	

### Incident Three

Date of Incident:	
What	

happened?	
Where did it take place?	
How has it affected you?	
Who did you report it to?	
If you were given a reference number, please state it	
What response did you get to this third response?	

## Additional Information

Please provide any other information you feel is relevant

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## Declaration

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

Name:	
Date:	
Signature:	

If you are filling this form in online please tick this box as an alternative to a signature:

Please return the completed form to: [asb@harrow.gov.uk](mailto:asb@harrow.gov.uk)

Or by post to:  
 Community Trigger  
 Community Protection Team  
 1<sup>st</sup> Floor  
 Unit 1, Central Depot  
 Forward Drive  
 Harrow  
 HA3 8NT