**ASB Case Review Activation Form**

(Formerly Community Trigger)

You should complete this form if you wish to activate an ASB Case Review, if you need assistance completing this form please contact us at [enquiries@northumbria-pcc.gov.uk](mailto:enquiries@northumbria-pcc.gov.uk)

Please note, information is available in other languages upon request.

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| --- |
| **Name:** *(The name of the person experiencing ASB)* |
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| --- |
| **Address:** *(The address of the person experiencing ASB)* |
| Street Address: |
| City: |
| Postcode: |

|  |
| --- |
| **Date of birth:** *(The DOB of the person experiencing ASB)* |
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| --- |
| **Contact number:** *(The contact number of the person experiencing ASB)* |
|  |

|  |
| --- |
| **Email Address:** *(The email address of the person experiencing ASB)* |
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| --- | --- |
| **Communication preference:** *(Preferences of the person experiencing ASB. Please note, that by selecting ‘Letter’ this may delay the time it takes to process your Community Trigger request)*  *Please tick one of the below* | |
|  | Email |
|  | Phone |
|  | Letter |

**Consent to Share information**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Consent from the person experiencing ASB. The details you provide will not be passed to a third party without your consent. Please note that without your consent to share information, we are unable to process your request to activate an ASB Case Review.

**Incidents**

In order to meet the Case Review threshold we require details of 3 incidents which have been

reported over the last 6 months.

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| **Please Note: This form should not be used to report new incidents of anti-social behaviour** |

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| **Incident 1 – Date:** |
| **Incident 1 – Details:** |

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| **Incident 2 – Date:** |
| **Incident 2 – Details:** |

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| **Incident 3 – Date:** |
| **Incident 3 – Details:** |

|  |  |
| --- | --- |
| **Is the anti-social behaviour ongoing (unresolved)?** | |
|  | No |
|  | Yes |

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| **Please note that the case review process is not intended to review resolved cases of anti-social behaviour.** |

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| **How affected do you feel by what has happened?**  *(Impact on the person experiencing ASB)* | |
|  | 0 – Not affected at all |
|  | 1 – Affected a little |
|  | 2 – Moderately affected |
|  | 3 – Affected a lot |
|  | 4 – Extremely affected |

|  |  |
| --- | --- |
| **Do you feel that the ASB is associated with your faith, nationality, ethnicity, sexuality, gender or disability?** | |
|  | No |
|  | Yes |

|  |  |
| --- | --- |
| **Do you feel there is a personal risk of harm to you or your household?** | |
|  | No |
|  | Yes |

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| --- | --- |
| **Are you raising this request on behalf of:** | |
|  | Yourself |
|  | A friend/family member |
|  | On behalf of a constituent |
|  | On behalf of someone you are professional supporting |
|  | 4 – Extremely affected |

**If you are raising this request on behalf of someone please provide your contact details.**

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| **Please Note: If you are raising request on behalf of someone else, we may still need to obtain consent from the named person before progressing this request** |

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| --- |
| **Name:** |
|  |

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| --- |
| **Job title:** |
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| --- |
| **Organisation:** |
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| --- |
| **Email Address:** |
|  |

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| --- |
| **Contact Number:** |
|  |

|  |  |
| --- | --- |
| **I have consent to share this information** | |
|  | No |
|  | Yes |

You can return this form via post or email using the details below.

**By Email:** [enquiries@northumbria-pcc.gov.uk](mailto:enquiries@northumbria-pcc.gov.uk)

**By Post:**

ASB Case Review

Office of the Police and Crime Commissioner

First Floor, Victory House

Balliol Business Park

Benton Lane

Newcastle upon Tyne

NE12 8EW

**Where can I get victim support?**

* <https://nvws.northumbria.police.uk/>
* <https://northumbria-pcc.gov.uk/help-for-victims/>