# COMMUNITY TRIGGER REQUEST FORM

Section One: Contact Details

| Your Name: |  |
| --- | --- |
| Organisation / Group: (if applicable) |  |
| Position in organisation/group: (if applicable) |  |
| Your Contact Details:Address: |  |
| Email: |  |
| Telephone: |  |
| Are you the victim or representing a victim(s)? | VictimRepresenting a victim |
| Victim’s Name: (if different from above) |  |
| Victim’s Address: (if different to above) |  |

Please provide us with your contact details; we need to be able to keep in contact with the person who is requesting the case review. This will be the point of contact for all correspondence throughout the case review process.

**If you are representing a victim(s), you must have signed consent to request a case review**

Section Two: Consent from victim

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. One form needs to be completed for each victim.

*“As a victim of the incident(s) indicated on this form, I give consent for the Early Intervention Team 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 for consideration at a case review meeting.”*

| Victim Name | Signature | Date |
| --- | --- | --- |
|  |  |  |

**Even if consent is refused, the organisations may share information where required or permitted under statutory provisions.**

Section Three: Incident Information

Incident One

| Date and Time of Incident: |  |
| --- | --- |
| Brief Details including location: |  |
| Reported to:Name (if known) |  |
| Reported to:Organisation |  |
| Incident or Reference Number: (if known) |  |
| Date and Time of Report: |  |
| Method of reporting: | TelephoneEmailWrittenIn person |
| Action taken by whom: |  |

Incident Two

| Date and Time of Incident: |  |
| --- | --- |
| Brief Details including location: |  |
| Reported to:Name (if known) |  |
| Reported to:Organisation |  |
| Incident or Reference Number: (if known) |  |
| Date and Time of Report: |  |
| Method of reporting: | TelephoneEmailWrittenIn person |
| Action taken by whom: |  |

Incident Three

| Date and Time of Incident: |  |
| --- | --- |
| Brief Details including location: |  |
| Reported to:Name (if known) |  |
| Reported to:Organisation |  |
| Incident or Reference Number: (if known) |  |
| Date and Time of Report: |  |
| Method of reporting: | TelephoneEmailWrittenIn person |
| Action taken by whom: |  |

Section Four: Reason for requesting a case review

The more information you provide in this section, the better understanding the case review meeting will have of the current situation and your expectations of solution.

| What is the current situation? |
| --- |
|  |
| Please could you explain why you are unhappy with the action that has been taken? |
|  |
| What would you like to see done to resolve the issue? |
|  |
| Are you currently receiving support from any agency in relation to these incidents?Please provide details. |
|  |
| Any other information you would like to provide in relation to the incidents? |
|   |