

# COMMUNITY TRIGGER APPLICATION FORM – STOCKTON ON TEES

Please provide your details below so we are able to contact you. If you are completing this form on behalf of the victim, please provide details of the person affected by this situation.

Please circle Application type

Individual Application / Group Application

### Victims Details

Title \_\_\_\_\_ Forename \_\_\_\_\_ SURNAME \_\_\_\_\_

Address \_\_\_\_\_ POST CODE \_\_\_\_\_

Email Address \_\_\_\_\_ Contact No \_\_\_\_\_

Are You  Male  Female

Age Range 

<input type="checkbox"/> <16	<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-29	<input type="checkbox"/> 30 -34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-59	<input type="checkbox"/> 60 - 64	<input type="checkbox"/> 65 - 75	<input type="checkbox"/> >75
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Do you consider yourself to have a disability? 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 Do you consider yourself to be vulnerable? 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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For the Community Trigger to be activated a person party to reporting the ASB must make an application for such a review, have a qualifying complaint and meet one of the thresholds set out in Stockton's Community Trigger Procedure.

### Details of Incidents - Example

Date of Incident	Incident Reported to	Date Reported	Incident Reference No (if applicable)
20/10/14	Police	21/10/14	SX1234568
Brief details of incident			
Groups of youths reported to Police throwing stones at properties within Whitehouse Road.			

### Reported Incident 1

Date of Incident	Incident Reported to	Date Reported	Incident Reference No (if applicable)
Brief details of incident –			

### Reported Incident 2

Date of Incident	Incident Reported to	Date Reported	Incident Reference No (if applicable)
Brief details of incident –			

### Reported Incident 3

Date of Incident	Incident Reported to	Date Reported	Incident Reference No (if applicable)
Brief details of incident –			

Please give your reasons below for making the application to activate the Community Trigger

*Declaration of Consent*

By completing this document you give Stockton Borough Council the authority to collect and retain information for the purpose of the Community Trigger. I am aware in certain circumstances the Authority may check the information provided with other public bodies including Housing Associations, the Police and Health Service. I understand the information received will be used for the SOLE purpose of assisting with the Community Trigger application and any subsequent review that is carried out and will be held in the strictest confidence under the terms of the 1998 Data Protection Act and shared using section 115 of the Crime and Disorder Act 1998 with all relevant bodies.

Signature ..... Date .....

Name .....

*Please provide contact details below if you are completing this form on behalf of the victim.*

Contact No ..... Email .....

Stockton Borough Council is the Data Controller for the purpose of the Data Protection Act, if you want to know more about the information the Authority holds about you, or the way the Authority uses that information please contact:

Management of Information Office, Business Support Team, Municipal Buildings, Church Road, Stockton.

If you require any assistance completing the form please contact - 01642 526296.

Please return your completed form via;

Email – [michele.stowe@stockton.gov.uk](mailto:michele.stowe@stockton.gov.uk)

Post – Director of Law and Democracy (Ref:MSS), PO Box 11, Municipal Buildings, Church Road, TS18 1LD.