



**COMMUNITY TRIGGER
ASB Case Review Request Form**

**If you are requesting a case review as a community,
please complete one form per victim**

SECTION ONE: Contact Details

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.

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)?	Victim:	YES / NO
	Representing a victim:	YES / NO
Victim's Name (if different to above):		
Victim's Address (if different to above):		

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 [Safer Peterborough Partnership](#) 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 in order to determine if a case review meeting should take place."

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

Each incident must have been reported to one of the following organisations; the Police, local authority or housing association. Each incident must have been reported within one month of it occurring and must have taken place in the last 6 months. Please provide as much information as possible.

<u>INCIDENT ONE</u>				
Date and Time of Incident:				
Brief Details including location:				
Reported to:	Name (if known)			
	Organisation			
Incident or Reference Number (if known)				
Date and Time of Report:				
Method of reporting:	Telephone	Email	Written	In person
Action taken by whom:				
<u>INCIDENT TWO</u>				
Date and Time of Incident:				
Brief Details including location:				
Reported to:	Name (if known)			
	Organisation			
Incident or Reference Number (if known)				
Date and Time of Report:				
Method of reporting:	Telephone	Email	Written	In person
Action taken by whom:				

<u>INCIDENT THREE</u>				
Date and Time of Incident:				
Brief Details including location:				
Reported to:	Name (if known)			
	Organisation			
Incident or Reference Number (if known)				
Date and Time of Report:				
Method of reporting:	Telephone	Email	Written	In 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?

Once each section is completed and consent section has been signed, please send the forms to:

**Anti-social Behaviour Co-ordinator,
Safer Peterborough Team,
Sand Martin House,
Bittern Way,
Fletton Quays
Peterborough,
PE2 8TY**

Or by email to antisocialbehaviour@peterborough.gov.uk

Further information on the Safer Peterborough Partnership can be found on
http://www.peterborough.gov.uk/safer_peterborough.aspx