



**Safer Wealden Partnership**

Working Together to Keep Wealden Safer

## Community Trigger Request Form

You can submit a Community Trigger request using this form if you have reported three separate anti-social behaviour or hate incidents in the last six months and no action has been taken.

Your Contact Details	
Name	
Address	
Postcode	
Telephone	
Mobile	
Email	
Are you	An owner/occupier <input type="checkbox"/> In private rented accommodation <input type="checkbox"/> in social housing <input type="checkbox"/>
If you are in social housing who is the housing provider?	
Preferred method of contact	Telephone <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/>



## Incident details

Incident one	
Date	
What happened?	
Where did it take place?	
How has it affected you?	
Who did you report it to?	
Were you given a reference number or name of who would be dealing with it? Please provide these details if you can remember...	
What response did you get to this first report?	



Incident two	
Date	
What happened?	
Where did it take place?	
How has it affected you?	
Who did you report it to?	
Were you given a reference number or name of who would be dealing with it? Please provide these details if you can remember...	
What response did you get to this first report?	



Incident three	
Date	
What happened?	
Where did it take place?	
How has it affected you?	
Who did you report it to?	
Were you given a reference number or name of who would be dealing with it? Please provide these details if you can remember...	
What response did you get to this first report?	



## Additional information

**Please use the space below to provide any additional information which you feel is relevant**

Please return your completed form to:

Matt West,  
ASB Co-ordinator,  
Sussex Police,  
Hammonds Drive,  
EASTBOURNE,  
East Sussex,  
BN23 6PW

Email: [Matt.West@sussex.pnn.police.uk](mailto:Matt.West@sussex.pnn.police.uk)

## OFFICE USE ONLY

Date form received	
Lead agency	
Have the Trigger criteria been met?	Minimum of 3 complaints in 6 months <input type="checkbox"/> No action been taken <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, confirmation that lead agency has made contact with the complainant and name of person making that contact.	
Date of contact	
If YES, date of ASBRAC review.	
Confirmation that action plan agreed and lead agency has made contact with the complainant and name of person making the contact.	
Date of contact	

