



## Community trigger referral page

### Your contact details

Please provide your details so that we can contact you. If you are completing this form on behalf of a friend or a client of your service, please provide details of the person affected by this situation. We will use this to ask any further questions or provide feedback on your referral as necessary.

Your details will not be shared with agencies outside of the Community Safety Partnership but will be stored in line with Data Protection principles. Please confirm you are willing for disclosure to agencies in order for the Trigger to be investigated

Anonymous Community Trigger referrals will **not** be accepted, however details recorded and shared with agencies.

**Name:**

**Address (including postcode)**

**Contact number**

**Email address**

**Preferred method of contact:** Email / Phone / Writing (please delete)

**Which of these best describes you?**

Private tenant / Owner occupier / housing association / other (please specify)

Where applicable please provide details of your landlord / housing association

### **Equalities Monitoring (Optional questions)**

#### **Gender**

Male

Female

Transgender

#### **Age**

#### **Sexual orientation**

Heterosexual

Gay / Lesbian

Bi-sexual

Other (please state below)

#### **Religion - please state**

#### **Please give details of any disability**

#### **Ethnicity**

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#### **Details of incidents**

The Community Trigger criteria is as follows:

**Three reports from an individual about separate incidents in 6 months or 3 individuals have separately reported similar in 6 months.**

#### **1) Please describe what has happened or is happening?**

(How do you meet the above criteria? Please provide as much information as possible)

**2) Who and how have you reported these problems to previously?**

(Text box with the following advice: Please provide details of agencies and any reference numbers you have been given)

**3) How have the incidents affected you?**

**4) What outcome would you like the Community Trigger?**

### **Keeping you informed**

We will keep you informed about progress.

Our promise is to acknowledge receipt of your referral within two working days.

An initial assessment of your situation will be carried out at the next Anti-social Behaviour Action Group (ASBAG). You will be notified of the outcome of the assessment within 5 working days of the ASBAG meeting. If your referral meets the criteria an officer from an appropriate lead agency (in discussion with you) will review your situation and advise of the next steps.

### **Do you wish to be informed about the progress of your referral?**

- Yes, please keep me informed
- No, I do not wish to be kept informed

### **DATA PROTECTION – Keeping your personal information safe**

Any data that you provide will be stored and processed by Watford Borough Council or its appointed agents in accordance with the law.

Information collected may be shared with other Council departments and/or organisations the Council works with who assist us in the performance of our functions. It may also be shared with outside organisations such as the Police, DWP, and County Council, to prevent and detect crime. It may be shared with insurance companies and bodies responsible for auditing or administering public funds for the prevention and detection of fraud.

Further information on the Council's obligations to safeguard your personal information and your rights on accessing data held about you can be found on the Council's website at:

<https://www.watford.gov.uk/privacynotice> and  
<https://www.watford.gov.uk/ehlprivacynotice> or by telephoning 01923 278000