

## COMMUNITY TRIGGER

### ASB Case Review Request Form (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	<input type="checkbox"/>	NO
	Representing a victim:	YES	<input type="checkbox"/>	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 Local Delivery 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

Each incident must have been reported to one of the following organisations; North Yorkshire 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 six months. Please provide as much information as possible.

INCIDENT ONE								
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:	<input type="checkbox"/>	Email:	<input type="checkbox"/>	Written:	<input type="checkbox"/>	In person:	<input type="checkbox"/>
Action taken by whom:								
INCIDENT TWO								
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:	<input type="checkbox"/>	Email:	<input type="checkbox"/>	Written:	<input type="checkbox"/>	In person:	<input type="checkbox"/>
Action taken by whom:								

INCIDENT THREE	
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:	
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.

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