## On- line Application Form

## **Application for a Case Review**

If there have been three complaints about three separate incidents within six months of anti-social behaviour to any agency and you feel the response was inadequate, under the Broxtowe Community Trigger Procedure our Complaints Officer will acknowledge receipt of your complaint and the Head of Public Protection will convene a meeting to review the details of your complaint and decide if your application is a Qualifying Complaint. Please complete this application form and we will endeavour to contact you again within 20 working days of receipt of this form.

The Crime & Disorder Act 1998 and the Data Protection Act 1998 allow agencies to share relevant personal and sensitive details appropriately with other statutory partners in the Borough. Information may be stored in a hard copy file and/or electronically and will be destroyed in compliance with data protection principles. By completing this form you agree to these conditions.

**Complainant/Victim Details** 

Complamants Name		
Address		
Agency, organisation or		
group (if applicable)		
Date of Birth		
Phone No.	Ema	ail
Describe any relevant		
vulnerabilities		
	,	
	<b>Details</b>	
Advocate(helper) [ Organisation	Details	
	Details Ema	ail
Organisation (if applicable)		ail
Organisation (if applicable)		ail
Organisation (if applicable) Phone No.		ail
Organisation (if applicable) Phone No.		ail
Organisation (if applicable) Phone No.  Declaration I agree that information abo	Ema  ut me relevant to my complaint of anti-s	social behaviour can be shared between
Organisation (if applicable) Phone No.  Declaration I agree that information aboorganisations for the purpose	Ema	
Organisation (if applicable) Phone No.  Declaration I agree that information abo	Ema  ut me relevant to my complaint of anti-s	
Organisation (if applicable) Phone No.  Declaration I agree that information aboorganisations for the purpose	Ema  ut me relevant to my complaint of anti-s	
Organisation (if applicable) Phone No.  Declaration I agree that information aboorganisations for the purpos Signature	Ema  ut me relevant to my complaint of anti-s	

In this section please complete the details of the three complaints you have made about antisocial behaviour which you want local agencies to review. These incidents must have been reported in the last six months.

Reported Incidents				
INCIDENT ONE				
Must have been reported within one month of the incident occurring				
Date and Time of				
Incident				
Date you reported this				
incident				
Brief Details and				
Location				
		<u> </u>		
Reported to	Name			
	Organisation			
Incident/Crime or				
Reference No.				
Method of Reporting	Phone	Email/On-line	Written	In Person
(tick applicable)				
Was any action taken, if				
so by whom?				

INCIDENT TWO  Must have been reported within six months of reporting incident one				
Date and Time of Incident				
Date you reported this incident				
Brief Details and Location				
Reported to	Name			
	Organisation			
Incident/Crime or Reference No.				
Method of Reporting (tick applicable)	Phone	Email/On-line	Written	In Person
Was any action taken, if so by whom?				

		INCIDENT THREE		
	have been reported	d within six months	of reporting incid	ent one
Date and Time of				
Incident				
Date you reported this				
incident				
Brief Details and				
Location				
Reported to	Name			
	Organisation			
Incident/Crime or				
Reference No.				
Method of Reporting	Phone	Email/On-line	Written	In Person
(tick applicable)				
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				d, describe the current
situation and how the a	anti-social behav	riour makes you fe	el. Please also	explain how you would
like to see the matter r	esolved; you sho	ould note however	that it may not I	be possible to meet
your expectations for a			•	•

Reason for Requesting a Case Review
What is the current situation?

Please confirm what action (if any) has been taken.

How would you like this matter to be resolved?		
How are these incidents affecting you?		
Tiow are these incluents affecting you:		

Now you have completed the form please submit it or send to:

Complaints Officer

Broxtowe Borough Council

Foster Avenue

Beeston

Nottingham

NG9 1AB

tel:0115 917 3576

typetalk:18001 0115 917 7777

www.broxtowe.gov.uk