



Mansfield
District Council

Mansfield District Council

Community Trigger

Application form

Mansfield District Council in partnership with Nottinghamshire Police and other agencies are working to reduce anti-social behaviour (ASB). Help is available to support repeat and vulnerable victims of ASB across Mansfield.

The Community Trigger gives victims and communities the right to review the action taken where an ongoing problem has been reported. The process is designed to ensure that the Council, local police and other partners, including registered housing providers, work together to tackle anti-social behaviour in a timely manner.

We will do this by talking to you, sharing information among all the relevant agencies and using our resources to try and reach an agreeable outcome.

Once complete, please return this form to:

**Community Safety Team
Mansfield District Council,
Civic Centre,
Chesterfield Road South,
Mansfield,
Nottinghamshire.
NG19 7BH**

Are you completing this form on behalf of a friend / client?

(Please tick relevant box)

Yes No

Please ensure you complete the consent form.

Your contact details

Full name	
Your Address	
Telephone number	
Email Address	

Details of person affected if different from above

Full Name	
Your Address	
Telephone number	
Email Address	

Incident details

Incident 1

Date of Incident	
Location of incident	
Who reported to (Tick all that apply)	Police <input type="checkbox"/> Council <input type="checkbox"/> Social landlord <input type="checkbox"/> Other <input type="checkbox"/>
Incident / Reference No.	
Brief description of incident	
Describe how the incident affected you	

Incident 2

Date of Incident	
Location of incident	
Who reported to (Tick all that apply)	Police <input type="checkbox"/> Council <input type="checkbox"/> Social landlord <input type="checkbox"/> Other <input type="checkbox"/>
Incident / Reference No.	
Brief description of incident	
Describe how the incident affected you	

Incident 3

Date of Incident	
Location of incident	
Who reported to (Tick all that apply)	Police <input type="checkbox"/> Council <input type="checkbox"/> Social landlord <input type="checkbox"/> Other <input type="checkbox"/>
Incident / Reference No.	
Brief description of incident	
Describe how the incident affected you	

Actions

What action, if any, do you believe has been taken?	
Incident 1	
Incident 2	
Incident 3	