

**Wolverhampton Community Trigger - request for a case review:
(5 INDIVIDUALS COMPLAINING ABOUT THE SAME ISSUE)**

We are requesting a review of our case because we believe we are experiencing anti-social behaviour (ASB) no action has been taken by an agency/agencies in response to our complaints.

Please complete the details of each person who is requesting a case review

Name of applicant 1	
Address	
Telephone number	
Email address	

Name of applicant 2	
Address	
Telephone number	
Email address	

Name of applicant 3	
Address	
Telephone number	
Email address	

Name of applicant 4	
Address	
Telephone number	
Email address	

Name of applicant 5	
Address	
Telephone number	
Email address	

If you are making this request on behalf of other people please complete the section below:

Your name	
Your address	
Your telephone number	
Your email address	
Your relationship to applicants, eg, relative, carer, local councillor	
Do these people know that you are making a request for a case review (please tick)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

In order for us to determine if you meet the threshold for a case review we need to have details of the incidents that you have reported - please complete below.

	Description of ASB	How did this make you feel?	Which agency did you report this to?	What date did you report this?
Applicant 1				
Applicant 2				
Applicant 3				
Applicant 4				
Applicant 5				

What are you hoping for from a case review?

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Have you made a formal complaint through the complaints' procedure of the agency who you are complaining about? Yes No

If the answer is yes, we will hold this request on file until the process is complete and ask you if you still wish the request for a review to be considered.

To enable us to review your case, it is necessary for us to contact other agencies who have been involved. Please sign below to authorise agencies to share information about you.

Signature (Applicant 1)	Date
Signature (Applicant 2)	Date
Signature (Applicant 3)	Date
Signature (Applicant 4)	Date
Signature (Applicant 5)	Date

Thank you for providing this information. We will send you a letter within 3 working days to acknowledge your request for a review.

The Safer Wolverhampton Partnership

**When completed, please return this form to:
Wolverhampton ASB Team, 29 Market Street, Wolverhampton, WV1 3AG**