



OPCC

Office of the Police &
Crime Commissioner
for Gloucestershire

Request a Community Trigger

Privacy notice

Please confirm if you agree to our privacy notice.

Step 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 (required)

Prefix:

First name:

Surname:

Your organisation/group (if applicable)

(E.g. social worker, Victim Support, GP, MP, etc.)

Your position within the organisation/group (if applicable)

Your phone number

Please provide the best number for us to contact you on

Your email address (required)

Your address

Street address:

Address line 2:

City:

County:

Postal code:

Country:

Please tell us if you are a victim or if you are representing a victim/victims (required)

- I am a victim
- I am representing a victim
- I am representing multiple victims

Victim details

Please provide the details of the victim(s) you are representing.
If you are the victim, please skip to Step 2 – Incident information.

Victim 1 - Full name (required)

Victim 1 - Address (required)

Street address:

Address line 2:

City:

County:

Postal code:

Country:

Victim 2 - Full name (required)

Victim 2 - Address (required)

Street address:

Address line 2:

City:

County:

Postal code:

Country:

Victim 3 - Full name (required)

Victim 3 - Address (required)

Street address:

Address line 2:

City:

County:

Postal code:

Country:

Step two – Incident information

Please provide details of three incidents.

Incident 1

Date of incident (required):

Time of incident:

Brief details of the incident (including location) (required):

Name of the organisation you reported the incident to (required):

Incident or reference number (if known):

Date of the report to the organisation:

Method of reporting:

Telephone

Email

Written

In person

Action taken by the organisation:

Incident 2

Date of incident (required):

Time of incident:

Brief details of the incident (including location) (required):

Name of the organisation you reported the incident to (required):

Incident or reference number (if known):

Date of the report to the organisation:

Method of reporting:

- Telephone
- Email
- Written
- In person

Action taken by the organisation:

Incident 3

Date of incident (required):

Time of incident:

Brief details of the incident (including location) (required):

Name of the organisation you reported the incident to (required):

Incident or reference number (if known):

Date of the report to the organisation:

Method of reporting:

- Telephone
- Email
- Written
- In person

Action taken by the organisation:

Step three – reason for requesting a review

The more information you provide in this section, the better understanding we will have of the current situation and your expectations of solution.

Your reason for requesting a review:

What would you/the victim(s) like done in order to resolve the issue?

Would you/the victim(s) like contact from Victim Support?

Victim support is an independent charity covering England and Wales. They provide specialist support to those who have been victims of crime.

Yes

No

Consent (required)

As a victim of the incident(s) indicated on this form, I give consent for the Community Trigger Lead 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 in order to determine if a case review meeting should take place.

If you have answered 'yes' to you/the victim(s) wanting contact from Victim Support, you consent to your details being shared with the relevant agencies to support this request.

I agree to the above statement

Victim(s) name:

Victim(s) signature:

Date: