

**Partnership Information Form**

**Are you reporting events where a Person, Child or Young Person is at immediate risk of harm? Consider requesting an immediate police response by calling 999, or call 101 to obtain police assistance and advice if not an emergency, or you feel a crime is being or has been committed.**

Does your information related to Child Sexual Exploitation?

If so, please also refer to the Joint LSCB Child Sexual Exploitation Practice Guidance.

Please provide as much detail as possible regarding names / nicknames / dates of birth / descriptions / vehicle details / addresses - which should include residence if known, location of incident, school / college / work place attended etc.

Please be assured the information you provide is strictly managed and your details will not be incorporated in any subsequent intelligence reports.

**Have you made any other referrals or reports to any other agency regarding this or associated matters?** (E.g. Other Forces; Children’s Social Care, Youth Justice Service, Health, Education)

If YES, please state which agency:

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| **Your details** |
| Full Name:  |       | DOB: |       |
| Job title: |       |
| Organisation: |       |
| Telephone: |       | Email: |       |
| Address: |       |

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| **Who or Where the information is coming from – if your own observations enter “as above”** |
| Full Name: |       | DOB: |       |
| Address: |       | Telephone: |       |
| Additional Information |       |
|  | If the information is from a 3rd party would they be willing to engage with thePolice?     Other Partner (please state)?       |

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| **Who is involved – (enter more as required)** |
| **Full Name:** |       | Alias/Nickname: |       |
| Date of Birth: |       | Address: |       |
| Gender: |       | Telephone: |       |
| Description and Clothing: |       |
| **Full Name:** |       | Alias/Nickname: |       |
| Date of Birth: |       | Address: |       |
| Gender: |       | Telephone: |       |
| Description and Clothing: |       |
| **Full Name:** |       | Alias/Nickname: |       |
| Date of Birth: |       | Address: |       |
| Gender: |       | Telephone: |       |
| Description and Clothing: |       |
| **Full Name:** |       | Alias/Nickname: |       |
| Date of Birth: |       | Address: |       |
| Gender: |       | Telephone: |       |
| Description and Clothing: |       |

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| **Vehicle(s) involved**  |
| **Registration #** |       | Make: |       |
| Model: |       | Colour: |       |
| Identifying Features: |       |  |  |
| **Registration #** |       | Make: |       |
| Model: |       | Colour: |       |
| Identifying Features: |       |  |  |

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| **Location(s) involved** |
|       |

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| **Information (what they, or you know, or have been told)** |
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| **How do they / you know this information and for how long** |
| How does this person know this information?  |       |
| Did they see something first hand/hear something first hand? |       |
| Is the information second hand i.e. has someone told them? |       |
| Who has told them and how did this person know the information? |       |
| When did they first know the information to be correct? / How old is the information? |       |
| What were the circumstances? |       |
| Who else knows this information? |       |
| Was anyone else present when the information source saw/heard/was told the information? |       |
| Is the source willing to speak to Police? |       |

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| **PLEASE EMAIL COMPLETED FORM TO:** |
| **North Yorkshire Police** | IntelligenceUnit@northyorkshire.pnn.police.uk |
| **South Yorkshire Police** | Sheffield.intelligence@southyorks.pnn.police.ukRotherham.intelligence@southyorks.pnn.police.ukBarnsley.intelligence@southyorks.pnn.police.ukDoncaster.intelligence@southyorks.pnn.police.uk |
| **Humberside Police** | FIB@humberside.pnn.police.uk |
| **West Yorkshire Police** | IMU@westyorkshire.pnn.police.uk  |