



If you have concerns about a child / young person you should make a referral to your local children's services. **DO NOT USE THIS FORM IN PLACE OF A REFERRAL.**

Please complete this form to share any information you have about:

- Suspected offenders
- Suspected vehicles
- Locations of interest

THIS INFORMATION WILL NOT BE RECORDED ON POLICE SYSTEMS

NAME:

POST / POSITION:

EMAIL:

TELEPHONE NO.:

THIS INFORMATION IS RECORDED ON POLICE SYSTEMS

AGENCY:

INFORMATION

Please supply all known information in as much detail as possible, including:
 Date(s), Time(s), Person(s), Vehicle(s), Location(s)

If you only have partial details such as a colour and model of the vehicle please include this information as it helps us build a picture.

Please enter your information here: *(this box will expand as you type)*

THIS SECTION MUST BE COMPLETED

INFORMATION EVALUATION

SOURCE OF INFORMATION: If the information was supplied by someone else, how reliable are they?	1 RELIABLE – Person known to me and known to tell the truth	ENTERED YOUR RATING HERE:
	2 UNTESTED – Person known but cannot test how reliable they are i.e. never given information before or person unknown/heard indirectly and cannot be judged.	
	3 UNRELIABLE – Person known to me but known not to be truthful.	
INFORMATION ACCURACY:	A - KNOWN TO BE TRUE TO SOURCE B - INFORMATION WHICH HAS BEEN OVERHEARD OR TOLD TO YOU BY SOMEONE ELSE D - NOT KNOWN E - SUSPECTED TO BE FALSE	ENTERED YOUR RATING HERE:
DATE OF SUBMISSION:	TIME OF SUBMISSION:	

PLEASE RETURN YOUR COMPLETED FORM TO: ERASE@durham.pnn.police.uk