**DORSET POLICE**

**AND DORSET, POOLE & BOURNEMOUTH ADULTS/CHILDREN’S SERVICES**

**CONTACT WITH VULNERABLE WITNESS**

**This form is required to be completed on each occasion where there is contact by Police/or Adults/Children’s Services with a vulnerable witness subject of an investigation.**

Witness’s Name: DOB:

Meeting Place:

(Do not show home

address, ‘home’ will suffice)

Time and Date:

Purpose of Visit:

Persons present, job title, relationship with witness:

Nature of concerns:

Focus of discussion with witness and record of anything said by the witness in relation to the allegation by the witness or in the presence of the witness.

Further actions to be undertaken/when and by whom as a result of this contact:

|  |  |  |
| --- | --- | --- |
|  | SIGNATURE | DATE |
| POLICE |  |  |
| SOCIAL WORKER |  |  |

**\*\*\*** **NB Police scan/attach to crime- Adults/Children’s scan/attach to case record**