**PARTNERSHIP INFORMATION SHARING REPORT**

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| This form should be used by partner agencies to share information with the police which has been gathered during the course of their work and may be of interest to law enforcement. It can be used to share information regarding potential criminal offences, conduct or behaviour, including, but not limited to; exploitation (sexual, criminal, labour etc.), serious and organised crime (including terrorism, drug supply, use of firearms etc.) and community tensions and issues. The information will be recorded on the Police Intelligence System and used to support activity by the police and, where appropriate, partner agencies. **It is important to note that these forms are not reviewed by police straight away and therefore this form MUST NOT be used to report crimes or information where there are any immediate safeguarding issues. In this case just dial 101 or 999 as appropriate and report the information directly to police so it can be reviewed at the point of contact.** Similarly the form **MUST NOT** be used to share concerns regarding individual children/young people. This information should be shared by using the Safer Referral Form available on [www.teescpp.org.uk](http://www.teescpp.org.uk). (or dial 101/999 if this is more appropriate). |
| Date/time of report: |       |

**DETAILS OF PERSON SUBMITTING**

|  |  |
| --- | --- |
| Name/DOB: |       |
| Post/Job Title: |       |
| Agency: |       |
| Tel No. Work: |       |
| Mobile No (if available):  |       |
| Email: |       |
| Witnessed Incident: | [ ] Yes [ ] No |

**SOURCE DETAILS IF NOT REPORTING PERSON**

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| **These are details of the person who witnessed the incident or supplied the information.** |

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| Name/DOB: |       |
| Source Address |       |
| Post/Job Title: |       |
| Agency: |       |
| Tel No. Work: |       |
| Mobile No (if available): |       |
| Email: |       |
| Provenance (How does the source know of this information ? |       |
| Is the source willing to engage with Police? [ ]  Yes [ ]  No |
| Would the source of this information be compromised if police acted upon the information provided? [ ]  Yes [ ]  No |

**TO BE COMPLETED BY THE REPORTING PERSON (see additional guidance below).**

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| SOURCEEVALUATION | 1. Reliable | 2. Untested | 3. Not reliable |
|  | [ ]  |  [ ]  | [ ]  |
| **RELIABLE**- where there are no reasonable grounds to doubt the reliability of the source; information received from the source is generally reliable. **UNTESTED**- where a source has not previously provided information to the person receiving it or has provided information that has not been substantiated. **UNRELIABLE**- where there are reasonable grounds to doubt the reliability of the source (please explain). |
| INFORMATION EVALUATION | A. Known directly | B. Known indirectly but corroborated  | C. Known indirectly | D. Not known | E. Suspected to be false |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**KNOWN DIRECTLY**- first-hand information e.g. witnessed personally by the source.

**KNOWN INDIRECTLY BUT CORROBORATED**- information the source has not witnessed personally but the reliability of this can be corroborated by other information.

**KNOWN INDIRECTLY**- information the source has been told by someone else (the source does not have first-hand knowledge as they did not witness it themselves).

**NOT KNOWN**- where there is no means of assessing the information (this may include information from an anonymous source).

**SUSPECTED TO BE FALSE**-there is a reason to believe the information provided is false (please explain).

**INFORMATION**

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| **Please provide as much detail as possible about the information using the Aide Memoire below, including the circumstances of how this was received.** |
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| **Has a crime been committed? [ ] Yes [ ] No****If so, has it been reported via 101/999? [ ] Yes [ ] No****Are there any vulnerabilities highlighted in the intelligence? [ ] Yes [ ] No** **If YES, has a Safer Referral Form been submitted? [ ] Yes [ ] No** **If no, why not?****\*\*\*ALL QUESTIONS ARE MANDATORY. INCOMPLETE FORMS WILL BE RETURNED \*\*\*** |

**Aide Memoire in relation to details required for Information Report. THIS LIST IS NOT EXHAUSTIVE AND NOT ALL SECTIONS MAY BE APPLICABLE TO EACH INDIVIDUAL REPORT**

* Dates/times of incident(s) the report makes reference to.
* Full details of the incident/information to which this submission relates to
* Full name, address and DOB of **all** persons involved (including nicknames).
* Addresses / locations and days / times of activity taking place.
* Details of vehicles used. (Make & Model, Colour, Vehicle registration number)
* Details of trading name/premises of interest (newsagents, take away, off licence etc.)

**Think about VULNERABILITY INDICATORS and EXPLOITATION.**

* How the relationship started/what is believed to be the nature of the relationship?
* Methods of communication/contact between the parties (including specific detail i.e. social network site account names and numbers, email addresses, telephone numbers)
* How the person is being exploited (include details of any incitement/reward or coercion)?
* Details of any payment or other transactions to or from a third party.

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| **Please e-mail completed form to:** **force.intelhub@Cleveland.pnn.police.uk** **(Secure Police E-mail Address).** **If urgent contact 999 or 101 or for advice contact the Force Intelligence Hub direct on 01642 301775.** |

**HUB INTELLIGENCE STAFF**

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| **On receipt of this form follow force intelligence process** |