

Official (When Complete)



**Risk assessed locations & contacts to assist in locating a missing child**

**This form should be updated regularly and any new associates & locations added as soon as you become aware.**

Name of Child:	Date Of Birth:	Address:

	Name of contact / location	Address	Association (I.e. friend, place they frequents etc.)	Telephone	Associated Risks
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Official (When Complete)

8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

**It is the responsibility of the agency completing and the recipient to protect the information contained within this form from theft and compromise.**

**This form and the information contained in it must be securely stored.**

Please hand this document to the investigating officer or if requested, send to [contactmanagement@cleveland.pnn.police.uk](mailto:contactmanagement@cleveland.pnn.police.uk)