

SUSPECTS / ASSOCIATES

Do you have any information that might identify an individual who might pose a risk of harm to the child as a result of CSE?

No action will be taken against any person named here based only on the information that you provide.

Please complete the below with any information you may have.

This information needs to be e-mailed to the Police Safeguarding co-ordination Unit (SCUs) as per your normal practice in relation to child protection referrals to police:

Name or Nickname [Alias]:		Click here to enter text.			
DOB:	Click here to enter text.	Age:	Click here to enter text.	Gender:	Click here to enter text.
Ethnic appearance:		Click here to enter text.			
Any distinguishing fixtures: <i>(tattoos, Marks, scars)</i>		Click here to enter text.			
Phone numbers: <i>[Any number you may hold or made aware]</i>		Click here to enter text.			
Address: <i>[Any addresses linked to the person or localities where the child may have been taken]</i> need single form for location information		Click here to enter text.			
Any social media you know is using: <i>[Facebook, Twitter, Instagram, Snapchat, Whatsapp etc.]</i>		Click here to enter text.			
Suspected/ known links to others who may pose a risk. <i>[Please complete a separate page for each individual]</i>		Click here to enter text.			
VEHICLE	Make	Model	Colour	Registration	
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
Is there a risk present to others, i.e. other child/ vulnerable adult?		Click here to enter text.			
Why do you think this person is a perpetrator and what is the relationship with the victim <i>(if any)</i>		Click here to enter text.			
Any other details you have for the perpetrators/ suspects.		Click here to enter text.			
What immediate risks does the young person face?		Click here to enter text.			

Outcome:

Refer to Social Care or Police accordingly:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refer to CSE MARAC meeting:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Immediate strategy meeting:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Support agency to complete SAF:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

On completion send form via secure email to: police@secureemail.police.uk