* **Call 999 to report emergencies or life-threatening matters.**
* **Get in touch via Live Chat at west-midlands.police.uk between 8am and midnight, or call 101 anytime.**
* **Report new safeguarding concerns through your agency’s usual child and adult safeguarding channels. If a safeguarding referral has been submitted there is no need to re-submit information via this form as this will lead to duplication of referrals.**
* **If your information relates to a matter that has already been recorded by the Police and is not already known by the Officer in the Case (OIC), then please contact the OIC quoting the incident log or crime number.**

Please provide as much detail as possible. If you are not able to answer any of the questions please state ‘not known’ rather than guessing. The answers will help us determine how reliable, how accurate, and how old the information is.

When complete, submit the form to: [dudleyintel@westmidlands.police.uk](mailto:dudleyintel@westmidlands.police.uk)

|  |  |
| --- | --- |
| **1. Details of Professional submitting** | |
| Name |  |
| Post/Job Title |  |
| Agency |  |
| Contact Details - Telephone:  Email |  |

|  |  |
| --- | --- |
| **2. Does this information relate to a Return Home Interview (RHI) for a child who has run away or gone missing from home or care?** | Yes  No |
| *If Yes please include in Section 3 any concerns of Child Sexual Abuse, Exploitation, County Lines, Modern Slavery, Human Trafficking or Organised Immigration Crime. If No please complete Section 3 as normal.* | |

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| **3. Information to be submitted** |
| *Please provide clear and accurate information. Include as much detail as possible such as:*  ***WHO?*** *(names, dates of birth, descriptions, ethnicities, nicknames, phone numbers including both potential victim of trafficking and suspected offender).* |
| ***WHAT?*** *(account of incident):* |
| ***WHERE?*** *(locations, addresses, websites):* |
| ***WHEN?*** *(times, dates):* |
| ***HOW?*** *(recruitment method, where recruited, controlling behaviours, vehicle details, registration numbers):* |
| ***WHY?*** *(any identified vulnerabilities i.e. addictions, debt, health):* |
| ***ANY OTHER INFORMATION?*** *(For example, does your agency have any existing information that corroborates this* ***new information*** *being submitted)* |

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| --- | --- |
| **4. Date/time information received and how received?** |  |

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| --- |
| **5. If the information was supplied by someone other than yourself, on a scale of 1-3 how reliable do you think they are?** |
| *1= Reliable 2= Untested 3= Not reliable Or ‘Not known’* |

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| **6. How accurate do you think the information is on a scale of A-E?** |
| *A= Known directly B= Known indirectly but corroborated C= Known indirectly D= Not Known E=Suspected to be false* |

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| --- |
| **7. If the information is from a third party source, would they be willing to engage with the police?** |
| Yes  No  If Yes, please provide preferred contact details for the individual providing the information: |

|  |
| --- |
| **8. Does this information involve a licensed premise (e.g. newsagents, takeaways, pubs, off-licenses)** |
| Yes  No  If Yes, please provide the trading name and address of premise: |