

Appendix 1

EXAMPLE OF A PARTNERS INTELLIGENCE SHARING FORM

'Intelligence only' reporting form

For those NOT WISHING POLICE CONTACT although agreeable to sharing intelligence .

ORGANISATION INFORMATION

Name of staff submitting form First Name:	
Last name:	
Telephone:	
Email address:	
Organisation Location:	

INTELLIGENCE ONLY

Part 1 Intelligence on suspect

ON THE UNDERSTANDING THAT INFORMATION MAY INADVERTENTLY RESULT IN IDENTIFICATION OF THE PATIENT, DOES THE PATIENT WISH TO SHARE DETAILS OF THE PERPETRATOR WITH POLICE?

Suspect's First Name: (If known)	
Suspect's Surname: (If Known)	
Suspect's Age: (DOB / Approx. age / Unknown)	
Alias / Nickname:	
House number or name:	
Street:	
Town / City:	
County:	
Country:	
Post Code:	
Telephone Number:	

Email address:	
Social Media Tags or Aliases:	
<p>Physical Description: (please complete as fully as able)</p> <p>Consider:</p> <p>Accent Ethnicity Build Hair Colour Hair Length Eyes Glasses Tattoos Scars</p> <p>How is Suspect known to the person?</p> <p>Where met? (Social Media apps)</p> <p>Suspect Traits Suspect Behaviours Suspect Phrases used</p>	

Part 2 Incident details

DOES THE PATIENT WISH TO SHARE CIRCUMSTANCES OF THE INCIDENT WITH POLICE?

Points to consider:

Dates and times may inadvertently result in patient becoming identifiable.

Consider carefully the free text content

Leave blank if patient wishes to avoid or minimise the possibility of becoming identifiable.

Date of incident: (DD / MM / YYYY)	
Intelligence obtained: (DD / MM / YYYY)	
Any concerns for Intelligence being shared? (Any risks if Police Scotland share with other partner organisations) (Yes / No / Don't know)	
Is there any risk to any person if Police Scotland investigate information provided? (Yes / No)	