**Thames Valley Police  
Partnership Agency Intelligence Sharing Submission Form**

Please complete all 3 sections of this form and return to the relevant county e-mail address listed at the bottom of the form.

|  |  |
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| **Reporting Person Details** | |
| Reporting Person Name |  |
| Reporting Person Job Title & Organisation |  |
| Reporting Person E-mail Address |  |
| Reporting Person Telephone |  |

|  |  |
| --- | --- |
| **Safeguarding** | |
| Does this require a referral to Social Care? |  |
| Has this been done? |  |

|  |  |  |
| --- | --- | --- |
| **Source Details** | | |
| Does the information originate from the person above? | | Yes / No |
| If no please provide the source details below. This will be held securely and not released. | | |
| Source Name and Date of Birth |  | |
| Source Address |  | |
| Source Telephone |  | |
| Source E-mail |  | |
| Do you believe the source is willing to be contacted by police? | | Yes / No |

|  |  |
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| **Intelligence Report** | |
| Date of Report | *DD/MM/YYYY* |
| *Please write the information you wish to share here. Please be concise but provide all necessary details. When detailing people use full names and dates of birth, with vehicles provide as much detail including registration, make, model and colour.* | |
| **Additional Information** | |
| *Is the source the only person to know the information?*  *Are there any risks to the source? Do they know you are sharing the information with police?*  *How does the source know this information?* | |

|  |  |
| --- | --- |
| **Once completed e-mail to the county to which this information applies** | |
| Buckinghamshire & Milton Keynes | PartnershipInformationSharing@thamesvalley.pnn.police.uk |
| Berkshire & Slough | AITReaderReading@thamesvalley.pnn.police.uk |
| Oxfordshire | OxfordshireReaders@thamesvalley.pnn.police.uk |