

#  Intelligence ReportOFFICIAL - SENSITIVE

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| **Your Name &****Organisation:** |            | **Time/Date of Report:** |       /       |
| **Phone number:** |       | **Your reference:** |       |
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| **Person who provided the information (name/address/ contact number):** |                      |
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| **Name of person who this information relates to:** |       | **Date of Birth:** |       |
| **Address/Location:** |       |
| **Operation name (if known):** |       |
|  |
| **Information/Intelligence:** |
|                                     |

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| **Supporting Information:** **This is vital information as it ensures we handle your intelligence submission correctly.**  |
| Do you believe what you are being told? If not, why? |
| Is the source reliable? If not, why?  |
| Is the information widely known or is the person telling you the only one who knows? |
| Is there a risk to anyone if police act on this information, if so why? |
| Is the person aware you will be telling the police? Are they willing to be contacted direct by police? |
| Are there any sensitivities you are concerned about that you want to discuss with police i.e. action may destroy your rapport with the individual or family?  |

**Please return fully completed Form to:** [**Partnership.Intelligence@surrey.pnn.police.uk**](file:///C%3A%5CUsers%5Cdenak%5CAppData%5CLocal%5CPackages%5CMicrosoft.MicrosoftEdge_8wekyb3d8bbwe%5CTempState%5CDownloads%5CPartnership.Intelligence%40surrey.pnn.police.uk)