

Referral Type (tick as appropriate):



<input type="checkbox"/> Restorative Justice (Crime)	<input type="checkbox"/> Mediation (non-Crime)
Sub-category:	
<input type="checkbox"/> Instead of Court (OOCd RA/Checkpoint)	
<input type="checkbox"/> Case is going to court (pre-sentence RA)	
<input type="checkbox"/> Case has been to court (post-sentence RA)	

Participants Contact Details

Party 1 (Victim / Complainant)				Party 2 if applicable (Offender / Person Complained Of)			
Full Name: (including any middle names)				Full Name: (including any middle names)			
Mobile:		Landline:		Mobile:		Landline:	
Email:				Email:			
Address:				Address:			
Date of Birth:				Date of Birth:			
General Availability (daytime, evening, etc.)?				General Availability (daytime, evening, etc.)?			
Interpreter required (if so, please state language/nationality)?				Interpreter required (if so, please state language/nationality)?			
Any additional needs or support requirements?				Any additional needs or support requirements?			
Suitable/safe for a home visit (comments)?				Suitable/safe for a home visit (comments)?			

Your Role

Name:		Email:	
Role:		Landline:	
Team/Area:		Mobile:	
Will you be the key contact for the case? (If no, please state who updates should be sent to)			

Incident Details

Please provide a brief summary of the incident, and any action already taken

Incident Date:		Crime or Ref no.	
<p>Other agencies currently involved:</p> <p>Have all parties consented to participate, share their details with us, and happy to be contacted? (If not, please explain):</p> <p>What other action would you consider taking if our intervention fails to resolve the issue?</p> <p>For Police use only –in cases of DA/SHB/Hate Crime/Stalking and Safeguarding Date of authorisation and name of supervisor:</p>			

Risk Information

Please indicate any factors we should consider when assessing the safety of our clients and volunteers

Risks/vulnerabilities associated with either individual/address:						
Would you describe the risk posed by Party 1 as:	LOW	<input type="checkbox"/>	MEDIUM	<input type="checkbox"/>	HIGH	<input type="checkbox"/>
Would you describe the risk posed by Party 2 as:	LOW	<input type="checkbox"/>	MEDIUM	<input type="checkbox"/>	HIGH	<input type="checkbox"/>
Please comment on attitudes/motivations, power imbalances, substance misuse, violence/aggression, erratic behaviour, mental health, pets, smoking, condition of home, etc.						

Warning Indicators / Previous Convictions Summary (Police):

Any relevant information held on PNC/PND/Red Sigma or Sleuth

Please return to victims' single front door:
victimcare@durham.pnn.police.uk or call us on 0191 300 8460

Version	v5	Reviewed	02/04/2020
Reviewed by	Derek Robson	Next Review	02/04/2021