One Voice 4 Travellers 3rd party reporting form for domestic abuse

Referring agency	One Voice 4 Travellers
Our case number	
Contact name	
Phone	
Email	
Date of referral	
Referral being made to (insert	
name of police force)	
Name/contact details of person	
receiving referral	

Information about the survivor

Name	
Any other names known by	
DOB/Age	
Current address	
Any previous addresses in past 12 months	
Phone number	
Is this number safe to call?	Yes/No
Is there another safe way to contact the victim e.g. via a safe family member?	
Relationship to perpetrator	
Summary of the concerns which have led to this referral	

Is the victim aware of this 3 rd party report?	
Has consent been given?	
Has a personal safety plan been discussed with victim? Please give brief details	
Who is the victim afraid of? (to include all potential threats, not just primary perpetrator)	
Warning markers?	
Is the victim pregnant? If yes, give approximate due date	Yes/No

Profile information about the victim/survivor

Gender	M/F		
Occupation			
Ethnicity	Gypsy	Traveller	Roma
Is the victim BME? (give details)			
Does victim have a disability?			
(give details)			
	House		
Accommodation type	Caravan		
	Other (gi	ve details)	
If caravan is location	Private si	ite	
	LA site		
	Roadside	!	
	Other (gi	ve details)	
Type/s of abuse experience			
(please list)			

Information about perpetrator

Name	
Any other names known by	
DOB/Age	
Current address	
Any previous addresses in past 12	
months	

Relationship to victim				
Any warning markers?				
Gender of perpetrator				
Ethnicity	Gypsy	Traveller	Roma	
Is the perpetrator BME? (give details)				
Does perpetrator have a disability? (give details)				

Information about any children under the age of 18

Name	Gender	Age DOB	Relationship to victim	Relationship to perpetrator	Where is child living?	Attending school/ education facility yes/no

Are there any child safety concerns? (please give details)

Other agency involvement

Are any other agencies involved with the victim, perpetrator or children in this family? (please give details)	
Has a referral been made to any other agency? (please give details)	

Any additional relevant information