



COMMUNITY SAFETY REFERRAL FORM

REFERRAL DATE		REFERRED BY <i>(name and contact details, email and phone number)</i>	
REFERRAL AGENCY		CONSENT GAINED PRE REFERRAL BY REFERRAL AGENCY?	<i>Please state here whether consent has been gained to share information with police CST, and date consent was gained, and whether referral agency has a record of consent.</i>
Lead referral Details			
Full names and DOB of referred person including family & children details (if applicable)			
ADDRESS <i>(Inc. post code)</i>		CONTACT telephone numbers	
REASON FOR REFERRAL <i>(referral agency concerns and outline of vulnerabilities)</i> <i>Please include log/crime number if known and applicable.</i>			
CAF details <i>(if child is involved in referral)</i>			
ACTION ALREADY TAKEN	<i>Please state here what actions they have been completed to assist the person or family before the submission of concern to the early action team.</i>		
Statutory agency Involvement?	<i>Please state here whether a statutory agency is known to be working with the individual or family referred.</i>		
OTHER AGENCY INVOLVEMENT <i>(inc. contact name and agency and <u>SCHOOL name</u> for any young people identified)</i>			

All referrals must be submitted to the relevant Lancashire Community safety mailbox's:

EAST DIVISION

CommunitysafetyBwD-Hynd@Lancashire.police.uk

CommunitysafetyBurnley-Ros@lancashire.police.uk

CommunitysafetyPendle-RV@Lancashire.police.uk

SOUTH DIVISION

CommunitysafetyPreston@lancashire.police.uk

CommunitysafetyChorley-SR@lancashire.police.uk

CommunitysafetyWestlancs@lancashire.police.uk

WEST DIVISION

CommunitysafetyBlackpool@lancashire.police.uk

CommunitysafetyLan-More@lancashire.police.uk

CommunitysafetyW-F@lancashire.police.uk