

Operation Liberty

Information Sharing Form For Professionals



This Information Sharing Form offers a multi-agency system of sharing information with Derbyshire Constabulary to aid keeping vulnerable people safe and to identify any existing or emerging risks in relation to their potential exploitation.

Where there is an **immediate** concern relating to a child or adult, this information should be reported through recognised safeguarding referral processes within your organisation. Partners and colleagues should not delay in providing information which could assist in the immediate safeguarding of an individual.

Prior to completing this form, practitioners may seek advice and support from a manager in their respective agencies.

****This form is to report intelligence in relation to exploitation only – it should not be used to report a crime****

Should the information/intelligence provided on the Operation Liberty form not be appropriate or relevant to exploitation, it will be sent back to the person completing the form.

Is there an immediate risk to any person(s) involved, OR has a crime been committed

YES – This must be reported via 101 or in cases of emergency **999**

YES

NO

** Please note, if this information has been reported via 101/999 there is no requirement to also submit the information via Operation Liberty**

Date/time of concern:

If unknown or ongoing please provide date range, e.g. between January 2024 and March 2024

Location of concern to which this form relates:

Full address of any location linked to the information being shared:

e.g. residential premises, schools, geographical area(s), taxi companies, hotels, take aways, restaurants etc.

Full Details of person involved

Details of child/vulnerable adult(s)

Full Name:	DOB
Nick names, partial names and aliases:	
Address:	
Telephone number:	
Description:	

Other person(s): (details of person(s) who pose a risk of harm to the individual(s))

Full Name:	DOB
Nick names, partial names and aliases:	
Address:	
Telephone number:	
Description:	

Other person(s): (details of person(s) who pose a risk of harm to the individual(s))

Full Name:	DOB
Nick names, partial names and aliases:	
Address:	
Telephone number:	
Description:	

Other person(s): (details of person(s) who pose a risk of harm to the individual(s))

Full Name:	DOB
Nick names, partial names and aliases:	
Address:	
Telephone number:	
Description:	

Other person(s): (details of person(s) who pose a risk of harm to the individual(s))

Full Name:	DOB
Nick names, partial names and aliases:	
Address:	
Telephone number:	
Description:	

Online exploitation concerns:

Details of any online platforms and social media, including username, passwords and screenshots.
List all devices used e.g. mobile phone, tablet, PC and game consoles etc.

Other relevant information

Phone numbers, vehicle information, bank accounts etc.

Source of this information, if different to the person completing the form:

Full Name:		D.O.B.	
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Contact Number:

Email Address:

Address

Confirm if you are happy to be contacted about the information provided and any further information in the future.

Do you wish to remain anonymous?

Details of your report: (Be as detailed as possible about the context and nature of the concern)

Name and Job Title of person completing this form:

Full Name:		D.O.B.	
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Job Title:

Contact Number:

Email Address:

Address

Please confirm these concerns have been shared with the below:

Derby City Childrens Services

Derbyshire County Childrens Services

Derby City Adult Safeguarding Services

Derbyshire Adult Safeguarding Services.

Once this form has been fully completed send to the e-mail address below:

Police:- socex@derbyshire.police.uk

