



**Cornwall MACSE Person /
Location of Concern Form**

To be completed and emailed to:
MultiAgencyReferralUnit@cornwall.gov.uk

This form is for use by professionals and local partners to alert the Police and the local Missing and Child Sexual Exploitation group of concerns relating to potential perpetrators of Child Sexual Exploitation and / or locations, venues or vehicles relating to actual/potential sexual exploitation of children. The Police will consider this information immediately; the Multi-Agency Advice Team (MAAT) will collate any other relevant information and along with any other police information, this will then be considered at the relevant MACSE Group.

PLEASE COMPLETE AT LEAST ONE IN SECTION "1" AND ALL OTHER SECTIONS

If you believe a crime is taking place or a life is in danger call 999



Information about a suspected Perpetrator

**1
A**

**Name (include any
known Alias):**

**Approximate Age or Date
of Birth:**

Address:

Nature of Concern:

Associates of suspect:

Source of Information:

**1
B**

Information about a Location, Vehicle or Venue of Concern

Name of Venue:

Type of Location:

Address:

Nature of Concern:

Owner of Location/ Vehicle Reg:

Associated Venues:

Source of Information:

2

Associated Children

If you know the identity of any children associated with the suspected perpetrator or location of concern please provide names, age / DOB / address where possible.

Name	
Date of Birth	
Address	

Information about a suspected Perpetrator/Location

**Any action taken by you / your
agency to date:**

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3

Your details:

Referrers Name:

Telephone Number:

Email Address:

Organisation / Role:

Date of Referral:
