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**Non Domestic Abuse Stalking and Harassment IDVA Referral Form**

**Referrer details**

Name of referrer: Click here to enter text.

Organisation and Team: Click here to enter text.

Contact email: Click here to enter text.

Contact phone number: Click here to enter text.

**Victim details**

Victim Name: Click here to enter text.

DOB: Click here to enter text.

Address: Click here to enter text.

Victim safe contact details: Click here to enter text.

**Details of suspected perpetrator(s)**

Name: Click here to enter text.

DOB: Click here to enter text.

Address: Click here to enter text.

What is the relationship between the victim and alleged/suspected perpetrator, eg stranger, colleague, neighbour or other if known? Click here to enter text.

Please provide brief details of the stalking/harassment behaviour(s)

Click here to enter text.

Does the victim consent to engaging with the Stalking/harassment IDVA and sharing their details with us? Yes [ ]  No [ ]

**Please return this form by email to:**  idvareferrals@cambs.pnn.police.uk

For advice or guidance regarding any referrals you can also contact the Duty IDVA on 01480 847718

Mon-Thurs 9am-5pm Fri- 9am- 4.30pm.