**Restorative Justice - level 2 referral**

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| **Part 1 – Harm / Offence Information** |
| Harm / Offence |  | Date & Incident No. |  |
| Crime No. & Brief detailsof circumstances |  |
| What would participantslike to achieve / see asan acceptable outcome? |  |
| Details of any actiontaken so far |  |
| Details of any otheragencies involved |  |

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| **Part 2 – Referrer’s Details** |
| Surname |  | First Name(s) |  |
| Organisation |  | Rank / Role |  |
| Address |  | Tel No. |  |
|  |  | E Mail |  |
|  |  |  |  |

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| **Part 3 – Details of Harmed Person(s)** |
| Surname |  | First Name(s) |  |
| Address |  | Date of Birth |  |
|  |  | Tel No. |  |
|  |  | E Mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name(s) |  |
| Address |  | Date of Birth |  |
|  |  | Tel No. |  |
|  |  | E Mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name(s) |  |
| Address |  | Date of Birth |  |
|  |  | Tel No. |  |
|  |  | E Mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name(s) |  |
| Address |  | Date of Birth |  |
|  |  | Tel No. |  |
|  |  | E Mail |  |

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| **Part 4 – Details of Harmer(s)** |
| Surname |  | First Name(s) |  |
| Address |  | Date of Birth |  |
|  |  | Tel No. |  |
|  |  | E Mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name(s) |  |
| Address |  | Date of Birth |  |
|  |  | Tel No. |  |
|  |  | E Mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name(s) |  |
| Address |  | Date of Birth |  |
|  |  | Tel No. |  |
|  |  | E Mail |  |

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| --- | --- | --- | --- |
| Surname |  | First Name(s) |  |
| Address |  | Date of Birth |  |
|  |  | Tel No. |  |
|  |  | E Mail |  |

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| **Part 5 – Risk Assessment** |
| Risk to Harmed |  |
| Risk to Harmer |  |

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| **Part 6 – Any Other Relevant Information** |
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