**REQUEST FOR INFORMATION – FOR LAW ENFORCEMENT PURPOSES AS DEFINED UNDER SECTION 31 OF THE DATA PROTECTION ACT 2018**

**Please Note: we require 3 working days from the point of a fully completed form to process your request, in line with current SLAs.**

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| --- | --- |
| **To:** | DPA Coordinators, Forensic Archive Ltd Unit 29, Gravelly Park Industrial Estate, Birmingham, B24 8HZ. Email :Forensic.Archive@forensicarchive.cjsm.net (or phone us on 0845 340 0517) |
| **From**: |  |

**EXEMPT PURPOSE:**

I am making enquiries which are concerned with:

|  |  |  |
| --- | --- | --- |
| (a) the prevention or detection of crime |  |  |
|  |  | *Please tick either or both* |
| (b) the apprehension or prosecution of offenders |  |  |
|  |  |  |

**Case Reference or Operation Name this request relates to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I confirm that the details requested are needed for the purpose(s) above. In particular, I need to contact the person named below to provide witness evidence and information relating to a criminal investigation in which he/she has previously assisted. I believe that this request for information is necessary and a failure to provide it will, in my view be likely to prejudice the criminal investigation and/or associated trial.

I confirm that the information requested will be used for the above purpose(s) and for no other purpose. The information will be kept confidential and will not be passed on to any third parties unless this is required by law or by order of the court. In accordance with the provisions of the Data Protection Act 2018, the information will be retained only for as long as is necessary to satisfy the above purpose(s).

**DETAILS OF FORMER EMPLOYEE YOU NEED TO CONTACT:**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Date of Birth (if known):** |  |
| **Information requested:** | Latest known contact details held by FSS. |

**To be completed by Serving Police Officer (minimum rank Inspector) or representative of Witness Care. Please note – this form must be physically signed and scanned/faxed to the Forensic Archive – printed or typed signatures will not be accepted. Note: for any overseas police forces or prosecuting authorities, the same authorisation will be required from individuals within the organisation of an equivalent rank identified below. We will only be able to e-mail contact details to secure e-mail accounts – if this is not available we will need to make alternative arrangements with yourselves.**

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| **THIS REQUEST FOR INFORMATION MUST BE TREATED AS CONFIDENTIAL** | | | | | | | | | | | | | |
| **Signed:** |  | | | | | | | **Date:** | |  | | | |
| **Name:** |  | | | | **Rank:** | **Inspector or above/or Witness Care Representative** | | | | | **Warrant Card No:** |  | |
| **Station:** |  | | | | | | **Division:** | | | |  | | |
| **Tel:** |  | **Fax:** |  | | | | **Email:** | |  | | | | |
| **Information recorded in (PNB / IRB / URN) etc:** | | | | Crime Number: | | | | | | | | | *(this must be completed)* |