# Multiagency Risk, Vulnerability and Exploitation (MARVE) Panel

**Person / Location of Concern Referral Form**

The purpose of this referral is to raise names / locations of concern in regard to exploitation (whether sexual or criminal)

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| **Date of referral:** | **Name of Person / Location of Concern:** | |
| **Name of Referrer**: | **Date of Birth:** | |
| **Organisation:** | **Ethnicity:** | **Language Spoken:** |
| **Agencies Involved:** | **Home / Location Address:** | |
| **Summary of Concerns (include dates and how you know this information):** | | |
| **Actions to Date:** |  | |