

# **SAR Case Consideration Referral / Report Form**

*Completed forms are to be returned securely to* [*WSAB@wigan.gov.uk*](mailto:WSAB@wigan.gov.uk)

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| 1. **Referring Agency Details** | | | |
| **Agency** |  | **Name** |  |
| **Tel No.** |  | **Email** |  |
| **Date of referral** |  | **Date of incident** |  |

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| 1. **Subject and Family Details**   *Please include known relatives and ‘relevant others’* | | | | | |
| **Name** | **DOB** | **Sex** | **Relationship** | **Address** | **Ethnicity** |
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| 1. **Event Details** | |
| **Type of Incident** |  |
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| 1. **Chronology of Relevant Events**   (including your agency involvement, the key contact details, and details of other agency involvements, if known) | |
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| 1. **Please provide identified areas of concern for consideration of SAR** | |
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