

This is an Initial cause for concern form which must be discussed with the safeguarding lead officer within 24 – 48 hours of the incident being reported.

1. DETAILS OF PERSON COMPLETING THE FORM

Name _____

Organisation Name _____

Position _____

Address _____

Postcode _____

Contact number _____

Name/details of person who raised concern (if different from above)

2. DETAILS OF PERSON CONCERN IS ABOUT

Name _____

Organisation Name _____

Position _____

Relationship to alleged victim _____

3. DETAILS OF ALLEGED VICTIM

Name _____

Organisation _____

Date of Birth _____

Age at time of incident(s) _____

Address _____

_____ Postcode _____

Contact number _____

Any identified special needs or disability _____

Ethnicity _____

4. DETAILS OF INCIDENT

Date(s) or period (if over a drawn-out period) of incident _____

Description of the incident/s. Please include as much details as possible. If an adult talked to you, write down the exact details of the conversation, remember not to lead the adult. Please include any other information including location, number of incidences, any witness details etc, please continue on a separate sheet of paper if necessary.

Any actions taken?

Please indicate if you are in contact with any other bodies concerning this incident and include a contact name, address and telephone number.

Adult Social Care / Police / Other

Any other additional information

Appendix 1 Incident Report Form (Adults at Risk)



Signed _____

Date _____

Name of safeguarding officer

Signed _____

Date _____