

Appendix 1 Incident Report Form (Adults at Risk)

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

1. DETAILS OF PERSON COMPLETING THE FORM

Name	
Organisation Name	
Position	
Address	
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 Name	
Date of Birth	
Age at time of incident(s)	
Address	
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

Signed _____

Date _____

Name of safeguarding officer

Signed _____

Date _____