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| --- | --- | --- | --- | --- | --- | --- |
|  | | | **Safeguarding Concern Form** | | | |
| *Use this form to record any safeguarding concern, however trivial. Forward it* ***immediately*** *to Front Line Manager or Area/Programme Manager. Answer every question; continue on a blank sheet if necessary.* | | | | | | |
| **Report ref no.** (FLM to complete) |  | | | | | |
| **Details of person at risk** | | | | | | |
| Name of person |  | | | | DOB: |  |
| Service (or home address) |  | | | | | |
| **About You (the person filling in this form)** | | | | | | |
| Your name |  | | | | Job title |  |
| Service |  | | | | Date |  |
| **About the safeguarding concern** | | | | | | |
| If this incident/concern has also been reported on an Incident/Accident Report, attach the Report or give the full( ACCB) AssessNET number | | | |  | | |
| Are you reporting your own concern or one raised by someone else? | | | |  | | |
| If you are raising a concern made by someone else, please provide their full name, status and contact details | | | |  | | |
| Please provide details of the concern you have including dates, times, descriptions of events, full names and whether the information is first hand or the accounts of others  **Note: If you have already reported this information on an Incident/ Accident Report, simply write ‘See attached Inc/Acc Report’ or ‘See AssessNET Report’** | |  | | | | |
| The person at risk’s account (if applicable). ***Include what they want the outcome to be*** | |  | | | | |
| Provide details of the person causing harm (if known) | |  | | | | |
| Provide details of any witnesses to the concern | |  | | | | |
| Provide details of any previous incidents or concerns relating to this person (if known) | |  | | | | |
| **Actions:** Please state the immediate actions you took in response to the concern: | | | | | | |
| **Note: If you have already reported this information on an Incident/Accident Report, simply write ‘See Inc/Acc Report’ or ‘See AssessNET Report’** | | | | | | |
|  | | | | | | |
| **People contacted** | | | | | | |
| *You must pass this form* ***immediately*** *to your line manager, on call or other MacIntyre manager. The manager will then inform external people as necessary. You should only contact people outside MacIntyre to deal with an immediate emergency (for example, police or ambulance service).*  **Give details below of any people outside MacIntyre that you have communicated this concern to – give name, position, contact details, and the date and time that you contacted them:** | | | | | | |
|  | | | | | | |
| **Declaration:** I have completed all sections of this form to the best of my knowledge | | | | | | |
| Signature |  | | | | | |