*Sample Incident Report Form (organisation to amend to suit the setting – add timescales and details of who to contact and where to send the form)*

**Safeguarding Adults Incident form**

To be completed as fully as possible if you have concerns regarding an adult. It is important to inform the adult about your concerns and that you have a duty to pass the information onto the safeguarding officer. The safeguarding officer will then look at the information and start to plan a course of action, in conjunction with yourself, the adult involved, and if necessary, social care or other relevant organisations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 1 – details of adult at risk** | | | | | |
| **Name of adult** | |  | | | |
| **Address** | |  | | | |
| **Date of Birth** | |  | | | |
| **Age (if date of birth not known)** | |  | | | |
| **GP practice (if known)** | |  | | | |
| **Contact number** | |  | | | |
| **Section 2 – your details** | | | | | |
| **Name** | |  | | | |
| **Contact phone number(s)** | |  | | | |
| **Email address** | |  | | | |
| **Line manager or alternative**  **contact** | |  | | | |
| **Name of organisation / club** | |  | | | |
| **Your Role in organisation** | |  | | | |
| **Section 3 – details of Concern** | | | | | |
| Detail what you have seen/been told/other that makes you believe the adult at risk is being abused or is at risk of abuse (include dates/times/evidence from records/photos etc.) | | | | | |
| **Section 4 - Abuse type if know (leave blank if uncertain)** | | | | | |
| Physical | Psychological | | | Financial | |
| Sexual | Discriminatory | | | Organisational/ institutional | |
| Neglect | Hate incident/crime | | | Mate Crime | |
| Internet abuse | Modern slavery | | | Female genital Mutilation (FGM) | |
| Forced Marriage | Domestic abuse | | | Radicalisation | |
| Self-Neglect |  | | |  | |
| **Section 5 - Have you discussed your concerns with the adult? What are their views? What outcomes have they stated they want (if any)?** | | | | | |
|  | | | | | |
| **Section 5A – Reasons for not discussing with the adult** | | | | | |
| **Adult lacks capacity** | | | | |  |
| **Adult unable to communicate their views** | | | | |  |
| **Discussion would increase the risk** | | | | |  |
| State why the risks would increase: | | | | | |
| **Section 5B - Have you discussed your concerns with anyone else? E.g. carer/ partner/ spouse/ family member.**  **What are their views?** | | | | | |
|  | | | | | |
| **Section 6 – What action have you taken /agreed with the adult to reduce the risks?** | | | | | |
| **Information passed to Safeguarding Officer, confirm details:** | | | **Referral to Social Care Confirm details:** | | |
| **Contact with the police Confirm details:** | | | **Referral to other agency – please confirm details:** | | |
| **Other – please specify:** | | | | | |
| **No action agreed – state why:** | | | | | |
| **Section 7 – Risk to others** | | | | | |
| **Are any other adults at risk Yes/No – delete as appropriate** | | | | | |
| **If yes state why and what actions have been taken to address these?** | | | | | |
| **Are any children at risk Yes/No Delete as appropriate** | | | | | |
| **If yes state why and what actions have been taken to address these?** | | | | | |
| **Signed:** | | | | | |
| **Date:** | | | | | |

|  |
| --- |
| **OFFICE USE ONLY** |
| **Section 8 – sharing the concerns (To be completed by Lead Safeguarding Officer)** |
| **Details of your contact with the adult at risk. Have they consented to information being shared outside of (insert name of your organisation)?** |
| **Details of contact with the Social Care Team where the adult at risk lives – advice can be still sought without giving personal details if you do not have consent for a referral** |
| **Details of any other agencies contacted** |
| **Details of the outcome of this concern** |