

Adult Safeguarding Concern Report Form

Part 1 – To be completed by Referrer.

Please give as much detail as possible (ensuring handwriting is readable)

Please keep it factual and include exactly what you were told (in persons own words)

Please include who it involved including witnesses, staff, members of the public

Please give any details of previous incidents

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|--|
| Date of Record: |
| Date of Incident: |
| Time of Incident: |
| Name of Referrer: |
| Role of Referrer: |
| Adult's Name/Initials: |
| Has the individual been notified of this referral? YES/NO If NO, please explain why. |
| Details of concern <i>Use initials for other children/young people/vulnerable adult involved unless there is a specific need to name them in full.</i> <i>Please give include names of any perpetrator, or other person/witnesses.</i> <i>Other notes can be added to this document.</i> |
| Reported to: |
| Title and Role of person reported to: |
| Date Reported: |
| Signed <i>Please email to relevant manager/designated officer to complete</i> |

GDPR The retention length of this record will be subject to discussion with the GDPR lead at KLTC and review of current best practice guidance at the time.

Part 2 – To be completed by Manager

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|---|--|---|---------------------|
| Date Form Received | | | |
| Action Taken | | Advice Sought (from whom and what was advice given) | |
| Concern/Referral discussed with parent/carer. | | If not state reasons why – if yes note discussion with parent | |
| Referral made | | If not state reasons why – if yes record to whom and any agreed actions | |
| Feedback to referring member of staff | | | By whom Date |
| Response to / action taken with person | | | By whom Date |
| Name and contact number of key workers | | | |
| Other notes / information / concerns | | | |
| Any other action required? | | | |

Signed: _____ **Job Title:** _____

Date: _____

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