### Safeguarding Adults: Report Concerns Form (18+ years)

[organisation to amend to suit the setting]

To be completed as fully as possible if you have concerns regarding an adult.

If it is safe to do so, it is important to inform the adult about your concerns and that you have a duty to pass the information onto the safeguarding lead. The Safeguarding Lead will then look at the information and start to plan a course of action.

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| Section 1 – Details of adult (you have concerns about) | | | | | |
| Name of adult | |  | | | |
| Address | |  | | | |
| Date of Birth/ Age | |  | | | |
| Contact number | |  | | | |
| Emergency contact if known | |  | | | |
| Consent to share information with emergency contact? | |  | | | |
| Section 2 – Details of the person completing this form/ 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 | | | | | |
| Please explain why you are concerned. Please give details about what you have seen/been told/other that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc.) | | | | | |
| Date/ Time | What happened | | | | |
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| Section 5 – Details of the person thought to be causing harm (if known) | | | | | |
| Name | |  | | | |
| Address | |  | | | |
| Date of Birth/Age | |  | | | |
| Relationship/connection to adult | |  | | | |
| Role in organisation | |  | | | |
| Do they have contact with adults in another capacity or role, which may also be cause for concern e.g. working with/ supporting adults who have care and support needs? | |  | | | |
| Section 6 - Have you discussed your concerns with the adult? What are their views,  What have they stated about what they want to happen and what outcomes they want? | | | | | |
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| Section 6A – Reasons for not discussing with the adult | | | | | |
| Discussion would put the adult or others at risk. Please explain: | | | | |  |
| Adult appears to lack mental capacity. Please explain: | | | | |  |
| Adult unable to communicate their views. Please explain: | | | | |  |
| Section 7 – Risk to others | | | | | |
| Are any other adults at risk of harm? Yes/No/Not known – delete as appropriate  If yes please fill in another form answering questions 1-6 | | | | | |
| Are any children at risk (0-17yrs) Yes/No/Not known Delete as appropriate  If yes please fill in a safeguarding children referral form and attach to this. | | | | | |
| Section 8 – What action have you taken if any /agreed with the adult to reduce the risks? | | | | | |
| Actions by club: e.g. person causing harm suspended, session times changed. | | | | | |
| Section 9: Other agencies contacted | | | Who contacted/reference number/contact details/advice gained/action being taken | | |
| Police | | |  | | |
| Ambulance | | |  | | |
| Other – please state who and why: | | | | | |
| Section 10: Contact with Welfare Officer/others within the club | | | | | |
| Who else has been informed of this issue? – and what was the reason for information sharing | | | | | |
| Consultation with Safeguarding Lead | | | | Dates and times | |
|  | | | |  | |
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| Completed Form copied to Safeguarding Lead; Date and time | | | | | |
| Signed: | | | | | |
| Date: | | | | | |

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| **OFFICE USE ONLY** |
| Section 11 – Sharing the concerns (To be completed by Safeguarding Lead) |
| Details of your contact with the adult who is at risk of/ experiencing harm. Have they consented to information being shared outside of [insert name of your organisation]? |
| Details of contact with the Local Authority Safeguarding Adults Team/MASH where the adult at risk of harm 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: |

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