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**Safeguarding Incident Report Form**

**January 2020 due review February 2022**

**Safeguarding Adults Form**

To be completed 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 to 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.

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| 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 |  |
| Back-up |  |
| Your role in SWVG |  |

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| 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.) |

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| Section 4 - Abuse Type(s) – please tick as many as may apply | | | |
| Physical | Psychological | Financial | |
| Sexual | Discriminatory | Organisational | |
| 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 | | | |

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| Section 5B – Have you discussed your concerns with anyone else? E.g. carer or parent.  What are their views? | |
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| 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 Confirm details: |
| Other – please state what. | |
| 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. | |

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| 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: |

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| 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 SWVG? |
| Details of contact with the Social Care Team where the adult at risk lives – advice can be 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 |