**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 |  |
| 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(s) – please tick as many as you feel may apply | | | |
| Physical | Psychological | Financial | |
| Sexual | Discriminatory | Organisational (formerly  institutional) | |
| Neglect | Hate incident/crime | Mate Crime | |
| Internet abuse | Modern slavery | Female genital Mutilation  (FGM) | |
| Forced Marriage | Domestic abuse | Radicalization | |
| 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?  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 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? | |
| 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: | |

|  |
| --- |
| **Continuation sheet** |
| Continuation of section (insert section number) |
|  |
| Continuation of section (insert section number) |
|  |
| Continuation of section (insert section number) |
|  |
| Further notes |
|  |