**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.

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| **Section 1 –** details of adult at risk |
| Name of adult |  |
| Address |  |
| Date of Birth |  |
| Age if date of birth notKnown |  |
| GP practice (if known) |  |
| Contact number |  |
| **Section 2 –** your details |
| Name |  |
| Contact phone number(s) |  |
| Email address |  |
| Line manager or alternativeContact |  |
| 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.)* |

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| **Section 4 -** Abuse type(s) – please tick as many as you feel may apply |
| Physical | Psychological | Financial |
| Sexual | Discriminatory | Organisational (formerlyinstitutional) |
| 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)? |
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| 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? |
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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 – 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: |

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