**Adults at Risk**

**Incident Report Form**

**This form should be completed to report any incident or suspicion of abuse.**

**Where a criminal act may have been committed against an adult at risk, police must also be notified.**

(This form is to be completed and forwarded to the Lead Safeguarding Officer within 24 hours of the allegation being reported)

**1. Details of adult at risk**

|  |  |  |
| --- | --- | --- |
| Title:Mr/Mrs/Ms/other | First name: | Surname:  |
| Address:Postcode: Tel:  | DOB: Age:  |
| Communication Needs:Other language □Due to illness □Hearing impaired □Deaf □Blind □Interpreter required □ | Others already notified:Police Yes □ No □Incident No: Date:Please list others: |
| Marital status: | Gender:Male □ Female □Trans/G □ | Ethnic origin: | Religion: |
| GP: Tel:  | Next of Kin: Tel: |

**2. Details of alleged incident**

|  |
| --- |
| Brief description including injuries |
| Date: | Time: | Location of incident: |
| Any other people in the household/or likely to be involved:Adult(s) at risk: Name(s): Age(s) Addresses:Children:Name(s): Age(s): Addresses: |

**3. Type of abuse** (can be more than one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical □ | Financial / material □ | Sexual □ | Domestic □ | Emotional/ Psychological □ |
| Neglect /acts of omission □ | Self Neglect □ | Discriminatory □ | Modern Slavery □ | Organisational □ |
| Name and contact details of all witnesses:Statements attached: Yes / No (delete as appropriate) |

**4. Details of alleged perpetrator**

|  |
| --- |
| Full name (including nicknames):Address:Indicate if known at more than one address |
| DOB: | Age: | Gender: |
| Is perpetrator an adult at risk? Yes □ No □ |
| Any information relating to perpetrator:History of violence (weapon, drugs, alcohol, sexual, physical, verbal): (please indicate) |
| Is alleged perpetrator aware of the alert? Yes □ No □ |
| Does the alleged perpetrator live with the adult at risk? Yes □ No □ |
| Is the alleged perpetrator the main family carer? Yes □ No □ |

**5. Details of person making the alert**

|  |  |  |
| --- | --- | --- |
| Full name: | Address: | Contact details:Tel:Email: |
| Organisation: | Relationship to victim: |

**6. Other relevant information**

|  |
| --- |
| Does the adult at risk have mental capacity? Yes □ No □ |
| Does the adult at risk know this alert has been made? Yes □ No □(In some cases intervention may be limited without consent) |
| Has the adult at risk given consent to proceed to an investigation? Yes □ No □ |

**7. Reported by telephone to**

|  |  |
| --- | --- |
| Full name: | Team: |
| Job title: | Date:Time: |

**Signed: Dated:**