**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:**