



Appendix D

Safeguarding Adults Report Form

To be completed as fully as possible if you have concerns regarding an adult.

If it is safe to do so, it is important to inform the adult about your concerns and that you have a duty to pass the information onto the Designated Safeguarding Lead.

Section 1 – Details of adult (you have concerns about)	
Name of adult	
Address	
Date of Birth/ Age	
Contact number	
Emergency contact if known	
Consent to share information with emergency contact?	
Section 2 – Details of the person completing this form/ Your details	
Name	
Contact phone number(s)	
Email address	
Line manager or alternative contact	
Name of organisation / club	
Your Role in organisation	
Section 3 – Details of concern	
Please explain why you are concerned. Please give details about what you have seen/been told/other that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc.)	
Date/ Time	What happened
Section 5 – Details of the person thought to be causing harm (if known)	
Name	
Address	
Date of Birth/Age	



Relationship/connection to adult	
Role in organisation	
Do they have contact with other adults at risk in another capacity? E.g. in their work/family/as a volunteer	
Section 6 - Have you discussed your concerns with the adult? What are their views, What have they stated about what they want to happen and what outcomes they want?	
Section 6A – Reasons for not discussing with the adult	
Discussion would put the adult or others at risk. Please explain:	
Adult appears to lack mental capacity. Please explain:	
Adult unable to communicate their views. Please explain:	
Section 7 – Risk to others	
Are any other adults at risk Yes/No/Not known – delete as appropriate If yes please fill in another form answering questions 1-6	
Are any children at risk Yes/No/Not known Delete as appropriate If yes please fill in a safeguarding children referral form and attach to this.	
Section 8 – What action have you taken if any /agreed with the adult to reduce the risks?	



Actions by club: e.g. person causing harm suspended, session times changed.	
Section 9: Other agencies contacted	Who contacted/reference number/contact details/advice gained/action being taken
Police	
Ambulance	
Other – please state who and why:	
Section 10: Contact with Designated Safeguarding Lead or others within the organisation	
Who else has been informed of this issue? – and what was the reason for information sharing	
Consultation with Safeguarding Lead	Dates and times
Completed Form copied to Safeguarding Lead; Date and time	
Signed:	
Date:	

OFFICE USE ONLY
Section 11 – Sharing the concerns (To be completed by Safeguarding Lead)
Details of your contact with the adult at risk of harm. Have they consented to information being shared outside of [insert name of your organisation]?
Details of contact with the Local Authority Safeguarding Team/MASH where the adult at risk of harm lives – advice can be still 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:



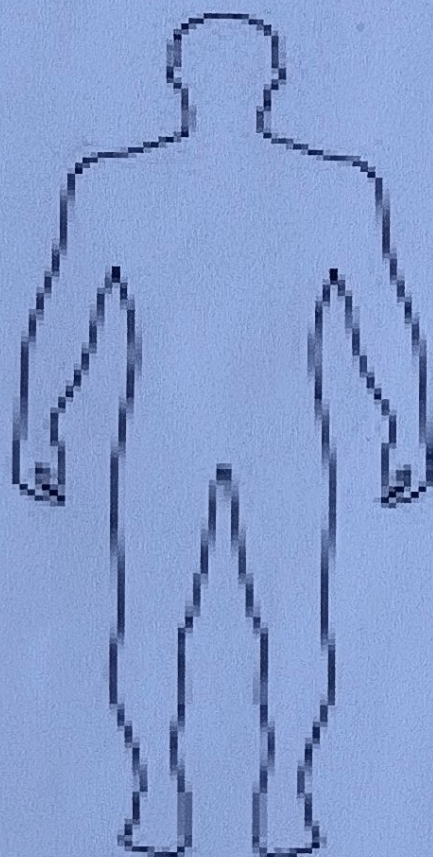
Appendix E – Adult Record Form

Confidential when completed

This information is confidential and should only be shared with the DSL and used to record details of the safeguarding concern raised and aid the referral process if applicable.

Please complete all information that is known. Use a pen and only record facts.

Name of Adult Date of Birth (if known)
Person Completing Form Signature
Designated Safeguarding Lead



FRONT



BACK



SIDE