**Incident reporting form (Adult at Risk)**

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| --- | --- | --- | --- |
| **Your information** | | | |
| Name |  | | |
| Address |  | | |
| Contact number(s) |  | | |
| Email |  | | |
| Name of organisation |  | Your role |  |

|  |  |  |  |  |  |  |  |  |
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| **Personal information – adult at risk** | | | | | | | | |
| Name | |  | | | | Date of birth |  | |
| Gender | | Male  🞎 | | Female  🞎 | Non-binary  🞎 | Another description (please state)  🞎 | | Prefer not to say  🞎 |
| Address | |  | | | | | | |
| Contact number(s) | |  | | | | | | |
| Email | |  | | | | | | |
| Is there any information about the adult at risk that would be useful to consider? | | | | | | | | |
| Have you discussed your concerns with the adult at risk? | No  🞎 | | Please explain why this decision has been taken | | | | | |
|  | Yes  🞎 | | Please give details of what was said / actions agreed (if any wanted) | | | | | |

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| --- | --- |
| **Contact information – carer (if necessary)** | |
| Address |  |
| Contact number(s) |  |
| Email |  |

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| --- | --- | --- | --- |
| **Contact information – adult at risk** | | | |
| Have you discussed your concerns with the adult at risk? | No  🞎 |  |  |
| Yes  🞎 |  | Please give details of what was said / actions agreed |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident details (attach separate sheet if required)** | | | | | | | |
| Date and time of incident | | |  | | | | |
| Please tick one: | 🞎 | I am reporting my own concerns. | | 🞎 | I am responding to concerns raised by someone else – please fill in their details: | | |
| Name of person raising concern | | |  | | | Role within the BCPS or relationship to the adult at risk |  |
| Contact number(s) | | |  | | | | |
| Email | | |  | | | | |
| Details of the incident or concerns (include other relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay) | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident details (continued)** | | | | | | | |
| Adult at risk’s account of the incident | | | | | | | |
| Please provide any witness accounts of the incident | | | | | | | |
| Name of witness (and date of birth, if a child) |  | | Role within the BCPS or relationship to the adult at risk | | | |  |
| Address |  | | | | | | |
| Contact number(s) |  | | | | | | |
| Email |  | | | | | | |
| Details of any person involved in this incident or alleged to have caused the incident / injury | | | | | | | |
| Name (and date of birth, if a child) |  | | Role within the BCPS or relationship to the adult at risk | | | |  |
| Address |  | | | | | | |
| Contact number(s) |  | | | | | | |
| Email |  | | | | | | |
| Please provide details of action taken to date | | | | | | | |
| Has the incident been reported to any external agencies? | | | | 🞎 | No | 🞎 | Yes – please provide further details: |
| Name of organisation / agency | |  | | | | | |
| Contact person | |  | | | | | |
| Contact number(s) | |  | | | | | |
| Email | |  | | | | | |
| Agreed action or advice given | | | | | | | |

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| **Declaration** | |
| Your signature | 🗶 |
| Print name |  |
| Today’s date |  |

|  |  |
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| Contact your organisation’s Designated Safeguarding Officer in line with BCPS’s reporting procedures | |
| Safeguarding Officer’s name |  |
| Date reported |  |