**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 |  |