

Appendix B
Read Easy Adult at Risk Cause for Concern Report Form

When reporting, please remember to make clear distinction between facts and opinions or assumptions.

INCIDENT REPORT	
Date of incident	
Time of incident	
Location of incident	

SECTION A – ADULT’S DETAILS	
Name of adult	
Date of birth	
Disability Y/N If yes, please detail:	
Ethnicity:	
Full address :	
Telephone number:	
Name of carer if applicable	
Address (if different from above)	

SECTION B – NATURE OF INCIDENT
<p>Is this report based on: (please tick as appropriate)</p> <p>An incident you have witnessed?</p> <p>A concern you have based on potential indicators of abuse?</p> <p>An allegation or concern that has been reported to you by someone?</p> <p>If the allegation has been reported to you by someone else, other than the adult at risk, please give their details:</p> <p>Name:</p>



Address:

Post code:

Telephone Number:

INCIDENT REPORT FORM(Continued)

SECTION C – DETAILS OF THE INCIDENT/CONCERN/ALLEGATION

DETAILS -Please give full details of the incident(s) / concern(s) / allegation(s) including exactly where (venue/exact location) and when (date/time) the incident is alleged to have taken place and what is alleged or believed to have happened:

OBSERVATIONS - Please include a description /location of any visible injuries and a description of the adult's behaviour, and their physical and emotional state:



ADULT AT RISK'S ACCOUNT OF INCIDENT - Complete this section if the adult at risk reported the incident to you, recording exactly what the adult has said has happened (including how any bruises or other injuries have been caused) and anything you have said to the adult at risk.

Tick here if you have continued on a separate sheet. Ensure you have attached the sheet to this document.

ALLEGED ABUSER -Do we have the name and any contact details of the alleged abuser? Yes No

Name:

Address:

Post Code:

Telephone Number:

**INCIDENT REPORT
FORM(Continued)**

**SECTION D – REPORTING OF
INCIDENT**

**Are carers aware of the
concerns or allegations?**

Yes No

**If yes, how did they become
aware?**



Is the alleged abuser aware of the concerns/allegations?	Yes No
If yes, how did they become aware?	
Have the Local Authority safeguarding helpdesk been informed?	Yes No
If so, who did you speak to:	
At what time did you speak to them: Case reference number:	
Have the police been informed?	Yes No
If so, who did you speak to:	
At what time did you speak to them:	
Case reference number :	

SECTION E – YOUR DETAILS	
Your name:	
Your address:	
Contact telephone number (daytime)	
Contact telephone number (evening)	
Record your decision and reasons to share or not share information:	
Signature :	
Date:	

