

Incident Report Form for Adults

To be completed as fully as possible if you have concerns regarding an adult. It is important to inform the adult about your concerns and that you have a duty to pass the information onto the Designated Welfare Officer (DWO). The DWO will then look at the information and start to plan a course of action, in conjunction with yourself, the adult involved and if necessary, social care or other relevant organisations.

Section 1 – details of adult at risk	
Name of adult	
Address	
Date of Birth	
Age if date of birth not known	
GP practice (if known)	
Contact number	
Section 2 – 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	
<p>Detail what you have seen/been told/other What makes you believe the adult at risk is being abused or is at risk of abuse (include dates/times/evidence from records/photos etc.)</p>	

Section 4 - Abuse type(s) – please tick as many as you feel may apply		
Physical	Psychological	Financial
Sexual	Discriminatory	Organisational (formerly institutional)
Neglect	Hate incident/crime	Mate Crime
Internet abuse	Modern slavery	Female genital Mutilation (FGM)
Forced Marriage	Domestic abuse	Radicalisation
Self-Neglect		
Section 5 - Have you discussed your concerns with the adult? What are their views? What outcomes have they stated they want (if any)?		
Section 5A – Reasons for not discussing with the adult		
Adult lacks capacity		
Adult unable to communicate their views		
Discussion would increase the risk		
State why the risks would increase		
Section5B- Have you discussed your concerns with anyone else E.g.Carer/Parent. What are their views?		

Section 6 – What action have you taken /agreed with the adult to reduce the risks?	
Information passed to Safeguarding Officer - please confirm details:	Referral to Social Care - please confirm details:
Contact with the Police – please confirm details:	Referral to other agency – please confirm details:
Other – please state what:	
No action agreed – state why:	
Section 7 – Risk to others	
Are any other adults at risk Yes/No–delete as appropriate	
If yes state why and what actions have been taken to address these?	
Are any children at risk? Yes/No Delete as appropriate	
If yes state why and what actions have been taken to address these?	
Signed:	
Date:	

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Section 8 – sharing the concerns (To be completed by DWO)
Details of your contact with the adult at risk. Have they consented to information being shared outside of the school?
Details of contact with the Social Care Team where the adult at risk 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.