

**Strictly Confidential**



**Safeguarding Children and Adults at Risk of Abuse or Neglect - Reporting Concern Form**

Your Details:

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Is the referral one of the following ? (please tick)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Safeguarding | <input type="checkbox"/> Prevent            |
| <input type="checkbox"/> CSE          | <input type="checkbox"/> Modern Day Slavery |
- 

Have you gained consent to refer to other agencies, which includes the Police, Stafford Borough Council Housing Options, Adult Social Care, First Response, Fire and Rescue Service, Social Housing, New Era, Access Team (Mental Health Service which will need GP details).

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- 

Name:

Date:

Time:

Service Area and Team:

Contact Telephone Number:

Email Address:

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## About the Child/Adult at Risk

Name of child/vulnerable adult:

Address:

Date of Birth:

Name of parent/carer responsible for child/vulnerable adult:

Nature of concern (please include as much detail as possible):

## Extra Questions with regards to referring a vulnerable adult

**Have they capacity to understand?**

Yes  No

If No, please tick

Dementia  Alzheimers  Other

**Do they own their own property? Please tick ✓**

Home Owners  Social Housing (if so, which Housing Association)  
 Private Rent  Homeless

**Does anyone else live at the property? Please tick ✓**

No  Yes

If yes, name/relationship to vulnerable adult?

**Do they go by any other names? Please tick ✓**

No  Yes

If yes, write name/s here:

**Details of action taken:**

*eg First Response or Vulnerable Adult Referral made*

**Name of who you spoke to:**

*To be completed by the Designated, or Deputy Safeguarding Officer*

Designated Officer's Name:

Date Received:

Time received:

**What have you done with the concern?**

*(Eg reported to Police, Hub, First Response, Adult Safeguarding etc)*

**Name of who you spoke to:**

Have you obtained consent from the Child/Adult to make the referral?

Yes  No

**Action Taken:**

**Ecins ID No:**