**Adult At Risk Report Form**

**Please answer all relevant questions as fully as you can**

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| Work location  |
| Name of Adult |
| Age/Date of Birth |
| Gender |
| Names of carers (if known) |
| Home address (if known) |
| Please complete those sections below that are relevant |
| **1. Disclosure by adult at risk** |
| When was the disclosure made (dates and times)? |
| Who did the adult make the disclosure to? |
| What did the adult actually say? |

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| **2. Indicators** |
| Describe any signs or indicators of abuse (with times and dates) |
| Has the adult alleged that any particular person is the abuser (if so, please record details and the relationship, if any, to the adult below) |
| **3. Concerns expressed by another person about an adult at risk** |
| Record the concerns that were passed to you (with dates and times) and if possible ask the person who expressed the concerns to confirm that the details as written are correct |
| **4. Details of any immediate action taken, e.g. first aid, etc** |

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| **5. Has the adult expressed any reservations about you talking to your Line Manager/Adult**  |
| **6. Does the adult have any particular needs, e.g. communication, etc?** |
| **Signatures** |
| **To be signed by the person reporting the concern** |
| Name Job titleSigned Date |
| **Date received and actioned by Line Manager** |
| Name Job TitleSignedDate |
| **Date received and actioned by Adult Safeguarding Champion/appointed person** |
| Name Signed Date |
| **Action taken by Line Manager/Adult Safeguarding Champion/appointed person**Signed Date |