

Section B- Details of Concern/ Suspected Abuse. (* Mandatory fields)

Please describe as fully as possible: include how it came to your attention, time(s), dates(s) and location(s) of alleged incident(s) and names of witnesses (if known). Detail any injuries and complete a body map if necessary. *

(If necessary continue on a separate sheet of paper and include with fax/email) **Additional Sheets** Yes/ No

Action taken to protect the victim; details of any measures taken to secure the victim's immediate safety.

As a result of this concern, has the person said what they would like to happen?

Yes No Don't know

If yes please state here:

Has the risk management framework been applied to the concern? *

Yes Please state the risk score **No**.....

Section C-Details of person suspected or alleged to have caused/allowed the abuse (if known)

Name:	Age / Date of Birth:		
Home Address:	Male	Female	
Postcode:	Ethnicity:		
Telephone/ Mobile:	NHS ID		

Current Location if different from above:

Relationship of person alleged to have caused the abuse to the Adult at Risk you are concerned about: ✓

Husband/Wife/Partner Son/Daughter Friend/Neighbour Other Resident Stranger
 Professional/ paid care Volunteer Carer Other - detail:

Are you concerned that other adults or children are at risk from the person suspected of causing or allowing the abuse?

Yes (give reasons) No Don't Know

Does the person suspected of causing the abuse provide care to the victim or any other person?

Yes No Don't Know

Is the person suspected of causing the abuse aware of the allegation?

Yes No Don't Know

Section D- Details of person completing this concern form

Name:	Job Title:
Address:	Telephone / Mobile:
Post code:	Email:
Signature	Date:

Agency/area you work for ✓

LA Adult Services LA Emergency Duty Team LA Single Intake Duty Team
 Police CQC Health CCG Health – Acute Health – MHT
 Independent Provider Housing Voluntary Sector Family/friend Other Service (please specify).....