

SAFEGUARDING REPORT FORM – ADULTS

To be completed as fully as possible if you have concerns regarding an adult. If it is safe to do so, it is important to inform the adult about your concerns and that you have a duty to pass the information on to NSUN's Safeguarding Lead. The Safeguarding Lead will then look at the information and plan a course of action.

Section 1 Details of adult you have concerns about

Name of adult	
Address	
Date of Birth/ Age	
Contact number	
Emergency contact if known	
Consent to share information with emergency contact?	

Section 2 Details of the person completing this form

Name	
Contact phone number(s)	
Email address	
Your role in NSUN	

Section 3

Details of concern

Please explain why you are concerned. Please give details about what you have seen/been told/other that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc.)

Date/time	What happened

Section 4

Details of the person thought to be causing harm (if known)

Name	
Address	
Date of Birth/Age	
Relationship/connection to adult	
Role in organisation	
Do they have contact with other adults at risk in another	

capacity? E.g., in their work/family/as a volunteer	
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Section 5

Have you discussed your concerns with the adult? What are their views, What have they stated about what they want to happen and what outcomes they want?

Section 5A

Reasons for not discussing with the adult

Discussion would put the adult or others at risk. Please explain:	
Adult appears to lack mental capacity. Please explain:	
Adult unable to communicate their views. Please explain:	

**Section 6
Risk to others**

Are any other adults at risk?

Yes/No/Not known – delete as appropriate

If yes, please fill in another Safeguarding Report form answering questions 1-5

Are any children at risk?

Yes/No/Not known – delete as appropriate

If yes, please contact Safeguarding Lead.

Section 7

What action have you taken if any/agreed with the adult to reduce the risks?

Section 8

Other agencies contacted

Who contacted/reference number/contact details/advice gained/action being taken

Police	
Ambulance	

Other – please specify who and why	
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Section 9
Contact with others within NSUN

Who else within NSUN has been informed of this matter?
What is the reason for sharing this information?

Consultation with Safeguarding Lead

Dates and times

Completed form copied to Safeguarding Lead
Date and time

Signed:

Date:

OFFICE USE ONLY

**Section 10 – To be completed by Safeguarding lead
Sharing the concerns**

Details of your contact with the adult at risk of harm.
Have they consented to information being shared outside NSUN?

Details of contact with the Local Authority Safeguarding Team/multi agency safeguarding hub where the adult at risk of harm 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 matter.