**Social Services ID No:**

**Crime Reference No:**

**NHS No:**

**1. Details of the person with care and support needs:**

|  |  |
| --- | --- |
| **Name**  |  |
| **Address** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Date of alleged abuse** |  |
| **Time of alleged abuse** |  |
| **Preferred language or communication method?** |  |
| **Known Advocate, Family or Representative - provide details** |  |
| **Funding authority? (Local authority, Self, NHS, please state all that apply)** |  |
| **If you are raising this on behalf of someone, have you discussed the concern with them?** | **Yes** |  | **No** |  |
| **If not, why not?**  |  |
| **Please state whether the person has mental capacity to understand the concern being raised.**  | **Yes**  |  | **No** |  |

**Does the person have care and support needs arising from:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Disability, Frailty**  |  | **Learning Disability** |  |
| **Sensory Impairment** |  | **Substance Misuse** |  |
| **Mental Health**  |  | **Dementia** |  |
| **Other e.g.*****Terminal/Palliative care******Unpaid Carer*** |  | **Please state what:** |

**Type of alleged abuse, maltreatment or neglect**

|  |  |  |  |
| --- | --- | --- | --- |
| **Discriminatory (including hate crime)** |  | **Domestic abuse/violence**  |  |
| **Emotional/Psychological** |  | **Financial/Material** |  |
| **Institutional/Organisational** |  | **Neglect and acts of omission** |  |
| **Physical Abuse** |  | **Modern Slavery** |  |
| **Self-neglect** |  | **Sexual Abuse** |  |
| **Sexual Exploitation** |  |  |

**Location of suspected abuse, maltreatment or neglect**

| **Own Home** |  | **Care Home / Nursing Home**  |  | **Public Place** |  | **Mental Health Inpatient Setting** |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Other persons home** |  | **Supported Accommodation** |  | **Education/Training/Workplace Establishment** |  | **Hospital** |  |
| **Day Centre/Service** |  | **Other Health Setting** |  | **Other** |  | **Not known**  |  |

**Description of alleged abuse, maltreatment or neglect:**

|  |
| --- |
| Please provide as much detail as possible, including known events leading up to and following the alleged abuse. |

**Record of injuries**

|  |  |
| --- | --- |
| **Date:** | **Observation/Description/Size/colour:****Signature:** |

**3. Action taken**

|  |
| --- |
| **Action taken to minimise immediate risk:** |
|  |
| **What does the person with care and support needs want to happen, or what is their view of the situation? (please also consider their representatives if appropriate)** |
|  |
| **Is there a risk to the adult at risk/ vulnerable adult, a witness or referrer should the person causing harm know that a referral has been made?** |
|  |
| **Has there been a delay in reporting this alert (24 hours of the incident)? If so please state the reasons for this.** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has a manager been alerted?** | **Yes** |  | **No** |  |
| **Reported to CQC or other regulatory body?** | **Yes** |  | **No** |  |
| **Reported under RIDDOR?** | **Yes** |  | **No** |  |
| **Reported to GP or other health care professional?** | **Yes** |  | **No** |  |
| **Emergency services alerted?** | **Yes** |  | **No** |  |

**4. About the person causing harm (source of harm)**

|  |  |
| --- | --- |
| **Name**  |  |
| **Address** |  |
| **Date of Birth** |  |
| **Role/Title/relationship to person with care and support needs** |  |
| **Does the person causing harm live with the person with care and support needs?** |  |
| **Ethnicity/Origin?** |  |
| **Preferred language or communication method?** |  |
| **If using services - Funding authority? (Local authority, Self, NHS, please state all that apply)** |  |
| **If an employee, organisation or a paid carer please state name of employer/organisation?** |  |
| **The person causing harm is aware of the referral?** | **Yes** |  | **No** |  |
| **Do you consider that the person causing harm has capacity to understand whether their alleged actions were wrong?** | **Yes** |  | **No** |  |
| **Do you consider that the person causing harm has capacity to understand the consequences of their alleged actions?** | **Yes** |  | **No** |  |

**5. Details of the person making the referral**

|  |  |
| --- | --- |
| **Form completed by** |  |
| **Organisation/agency** |  |
| **Role/relationship to adult at risk/ vulnerable adult** |  |
| **Contact Address**  |  |
| **e-mail** |  |
| **Fax** |  |
| **Telephone** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signed**  | **Role/Title** | **Date** |

**6. Who to notify**

***Please send this alert to the local authority where the alleged abuse took place***

|  |  |  |
| --- | --- | --- |
| **Local Authority** | **Contact details** | **Please tick where sent** |
| **Luton Borough Council** | Email: adultsafeguarding@luton.gcsx.gov.ukPhone: 01582 547730/547563  |  |
| **Central Bedfordshire Council** | Email: adult.protection@centralbedfordshire.gov.ukPhone: 0300 300 8122Fax: 0300 300 8239 |  |
| **Bedford Borough Council** | Email: adult.protection@bedford.gov.ukPhone: 01234 276222Fax: 01234 276076 |  |