

Confidential Safeguarding Disclosure Reporting Form
For guidance from u3a, please call the Safeguarding Team on
0300 030 1043 and press 3 For all other enquiries, including Safeguarding



Ross & District

Remember, if it is an emergency and the person is in immediate danger, phone 999.

Otherwise, once completed, please pass this form to a member of the Ross & District Safeguarding Team. See the Ross & District's Safeguarding web page for details. <https://ross.u3asite.uk>

IMPORTANT: Please write clearly and only write facts of what you heard or saw, even if the language used was unpleasant. If you do need to clarify anything, please state clearly that it is your opinion or assumption.
Only complete Sections A to E.

| Section A: DETAILS OF ADULT AT RISK | | |
|---|-----------------------------|------------------------------|
| Name | | |
| Address if known | | |
| Section B: HOW YOU BECAME AWARE OF THE ALLEGED ABUSE OR NEGLECT (tick as appropriate) | | |
| I witnessed an incident directly | | |
| The adult told me directly about abuse or neglect they are experiencing | | |
| Someone else told me about potential abuse or neglect of an adult | | |
| Their name: | | |
| Their relationship to the adult: | | |
| Their contact details: | | |
| I have concerns based on potential indicators of abuse or neglect. Please tick appropriate indicator/s below | | |
| Physical abuse | Domestic abuse | Sexual abuse |
| Emotional and Psychological abuse | Financial or material abuse | Modern slavery |
| Discriminatory abuse | Organisational abuse | Neglect and acts of omission |
| Self neglect | Unsure | |
| Section C: FULL DETAILS OF THE ALLEGED ABUSE OR NEGLECT | | |
| Please give full details of the incident/concern/allegation of abuse or neglect | | |

What exactly was seen/ heard/witnessed?

| | |
|-------------------------------|--|
| Where (exact location/ venue) | When the incident is alleged to have taken place (date and time) |
|-------------------------------|--|

YOUR OBSERVATIONS

| | |
|---|--|
| A description/ location of any visible injuries | |
|---|--|

| | |
|---|--|
| A description of the adult's behaviour, their physical or emotional state | |
|---|--|

ADULT AT RISK REPORTING THE ABUSE OR NEGLECT
Only complete this section if the adult at risk reported the incident to you. Record exactly what the adult has said happened using their exact words, even if this is unpleasant language, and anything you said to the adult. Remember you should **not** investigate, but simply record here.

SECTION D: DETAILS OF THE ALLEGED ABUSER IF KNOWN

| | |
|---|--|
| Name: | |
| Address: | |
| Their relationship (if any) to the adult at risk: | |

SECTION E: REPORTING THE INCIDENT INTERNALLY

| | | |
|---|-----|----|
| Are carer's / family members aware of the concerns / allegations? | YES | NO |
| If yes, how did they become aware? | | |

| | | |
|--|------------------------|----------------------------------|
| Is the alleged abuser aware of the concerns / allegations? | YES | NO |
| If yes, how did they become aware? | | |
| Has the adult consented to you reporting this to the Safeguarding Team | YES | NO |
| Signed by person making this report | PRINT YOUR NAME | Your Role in organisation |

THANK YOU FOR COMPLETING THIS FORM.

PLEASE NOW PASS THIS FORM TO THE A MEMBER OF THE ROSS & DISTRICT SAFEGUARDING TEAM

Please remember your responsibility for data protection. Do not leave this information in an insecure location or discuss with anyone else.

THE REST OF THIS FORM SHOULD BE COMPLETED BY ROSS & DISTRICT u3a SAFEGUARDING TEAM

| SECTION F: REPORTING EXTERNALLY | |
|---|--------|
| Have you reported this to the Adult Social Care Team? | YES NO |
| Who did you speak to? | |
| Date and time reported | |
| Case referene number (if any) | |
| Advice given by Social Care team | |
| Have the police been informed? | YES NO |
| If yes, who did you speak to? | |
| Any case reference number? | |
| What action are the police taking, if any? | |
| Detail any other partner organisations you have shared this information with, and reasons? Please include name and contact details. | |
| SECTION G: ADULT AT RISK'S CONSENT AND WISHES | |

| | |
|---|-------------|
| Is the adult at risk aware that you are reporting the concern to Social Care, Police or other agencies? | YES NO |
| Have they consented to this? | |
| Please complete here any further information in respect of their wishes | |
| Any further action you will take | |