

Notification of Safeguarding Incident - Service User

A: SERVICE USER DETAILS			
Surname:	First Name(s):	Age last birthday:	
HISTORY OF FALLS <input type="checkbox"/> YES / <input type="checkbox"/> NO	HISTORY OF PHYSICAL SELF-ABUSE <input type="checkbox"/> YES / <input type="checkbox"/> NO	HISTORY OF MENTAL HEALTH PROBLEMS <input type="checkbox"/> YES / <input type="checkbox"/> NO	
B: DETAILS OF SAFEGUARDING INCIDENT			
B1: TYPE OF ALLEGED ABUSE <i>(tick box where applicable):</i>			
Physical abuse	<input type="checkbox"/>	Sectarian abuse	<input type="checkbox"/>
Institutional / Social abuse	<input type="checkbox"/>	Financial abuse	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Neglect (other than self-abuse)	<input type="checkbox"/>
Psychological / Emotional abuse	<input type="checkbox"/>	Discrimination (includes racism, sexism etc)	<input type="checkbox"/>
B2: DETAILS OF INCIDENT:			
		Date of incident:	
		Case Ref:	
B3: DETAILS OF ALLEGED PERPETRATOR <i>(if abuse is suspected):</i>			
Name: _____ Date of Birth: _____ Known to Service User as (Relationship?): _____			
Address: _____ Contact Number: _____			
Occupation: _____			
C: DETAILS OF ACTION TAKEN			
C1: IMMEDIATE ACTION TAKEN (e.g. emergency medicals / preservation of evidence / action taken to prevent further abuse):			
C: DETAILS OF ACTION TAKEN			
C2: FURTHER ACTION TAKEN (NOTIFICATIONS):	Date	C3: RECOMMENDATIONS & OUTCOMES:	
Safeguarding Adults Board (SAB) notified:			
Registration Authority notified:			
Police notified:			
Evidence preserved:			
Body Map completed:			
Witness statements collated and validated:			
other (_____): _____			
Signature: _____ PRINT NAME: _____ Position in Organisation: _____ Date: _____			