

**CONFIDENTIAL**

## Vulnerable Adult Safeguarding Incident Report Form

Please fill in as much of this form as possible and return it to [the lead responsible person] as soon as possible (preferably within 24 hours of the occurrence of the incident or disclosure).

All information will be treated strictly in accordance with the General Data Protection Regulation and any other relevant data protection legislation from time to time. Any information provided in connection with the complaint including the details included in this form will only be processed by The RMS with the consent of the complainant for the purposes of investigating the complaint and will not be shared with any third parties without the consent of the complainant unless to do so is required in accordance with the terms of clause 6 in the RMS's Safeguarding Policy which is attached to this form. Any such information will be held securely by the Council and will be destroyed as soon as the matter has been fully and finally resolved.

**Name and position of person reporting abuse:**

**Date and time of completion of form:**

**Date and time of the incident/disclosure:**

**Person's name (who has suffered the safeguarding incident):**

**Person's date of birth or approximate age:**

**Person's address:**

**Name (s) and address of carer (if appropriate):**

***When completing the information below, please continue onto a separate sheet if necessary.***

**Please describe your concerns here** (give details of location, times of specific incidents, any physical, behavioural or indirect signs and the people involved).

**Have you spoken to the vulnerable adult/s involved? If so, what exactly was said?**  
(Please record details in the person's own words):

**Action taken so far:**

**Signature: ..... (PERSON RECORDING THE COMPLAINT)**

**Date: ..... Name: .....**

**Signature: ..... (PERSON RECORDING THE COMPLAINT)**

**Date: ..... Name: .....**