**Raising a Safeguarding Concern**

Please send this form, even if you are unable to answer all of the questions to: accesspoint@brighton-hove.gov.uk or by post to: Access Point, Adult Social Care, Brighton & Hove City Council. 2nd Floor Bartholomew House, Bartholomew Square, Brighton BN1 2JP

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| 1. Contact details of adult at risk: |
| Name |       |
| Address: |       |
| CareFirst / other ID No: |       |
| D.O.B. / estimated age: |       |
| Gender: |       |
| Contact No: |       |
| 2. GP details for adult at risk if known: |
| Name |       |
| Address / Surgery: |       |
| Contact No: |       |
| 3. Is this adult at risk of experiencing abuse or neglect aware that you are reporting this concern? Please explain: |  |
|       |
| 4. What is the concern? Describe the abuse or neglect / incident that you are concerned about  |
|       |
| 5. What are the Adult’s views and wishes relating to this concern? What does the adult want to happen? Please ask them if possible. |
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| 6. What actions have been taken to reduce the risk of abuse or neglect to the Adult? Include details of any immediate action taken, such as calling the Police and any actions taken to support the Adult.  |
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| 7. When did the alleged abuse or neglect take place? Estimate if necessary. If ongoing list dates currently known. |
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| 8. Does the Adult have a family member, representative or friend who may be able to support them? Please give contact details. |
|       |
| 9. Details of the individual or organisation that may be responsible for the alleged abuse or neglect:Name, Address, organisation & contact details. |
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| 10. Does the Individual or organisation who may be responsible for the alleged abuse know you are reporting this concern? Please give details.  |
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| 11. If you are a provider reporting safeguarding concerns that relate to your service please include all information related to any enquiries / investigations that you have carried out regarding the matter you are reporting?  |
|       |
| 12. Are there any children at risk? |  |
| If there are children thought to be at risk of harm you **must** report concerns to:Children and Young Persons Services Advice Contact and Assessment Service (ACAS) on 01273 295920.**In an emergency situation contact the Police** |
| 13. Contact details of person completing alert form: |
| Name |       |
| Job title if applicable: |       |
| Relationship to adult at risk: |       |
| Organisation if applicable: |       |
| Contact No / email address: |       |
| Date:  |       |
| Incident / accident number if applicable |       |