

A: SERVICE USER DETAILS					
Surname:		First Name(s):		Age last birthday:	
HISTORY OF THIRD PARTY ABUSE:	YES / NO	HISTORY OF PHYSICAL SELF-ABUSE:	YES / NO	HISTORY OF MENTAL HEALTH PROBLEMS:	YES / 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):					
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 ( ---- specify ---- ):					
Signature: _____ PRINT NAME: _____ Position in Home: _____ Date: _____					