|  |
| --- |
| Allegations Form 1, Version 0.3, Updated March 2020 |
| **STRICTLY CONFIDENTIAL** |
| Form to be disposed of when subject has reached normal retirement age or for ten years if longer. |

|  |
| --- |
| **Allegations/Concerns Against Staff: Reporting Form**  **(Allegations Form 1)** |

This form has been developed to assist you in **recording actions taken** and for collating the facts pertaining to an allegation. Staff are reminded that they should **not** attempt to conduct an investigation themselves as this could jeopardise any legal proceedings.

**Please distinguish between fact, observation and opinion and note where the information source is a third party. It is important that the information clearly defines between what you have observed or witnessed yourself and what you have been told.**

This form should be completed based on the *readily available* information and should not be delayed on the basis of incomplete information. Remember to maintain confidentiality. **Do not discuss this incident or matter with anyone other than your line manager (if appropriate) and the Designated Adult Safeguarding Manager (DASM).**

The subject(s) of the allegation should be informed of the allegation only after an allegations management meeting has been held, or following a judgement being made that an allegations management meeting is deemed unnecessary because the allegations do not meet any of the criteria.

*(See Safeguarding Adults guidelines and procedures for further information on managing allegations)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART A**  **Initial Considerations:** | | | | |
| **Does the allegation meet any of the following criteria?** (place cross in all appropriate boxes)  The employee/volunteer has:   1. behaved in a way that has harmed an adult with care and support needs or may have harmed an adult with care and support needs 2. possibly committed a criminal offence against or related to adults with care and support needs 3. behaved towards adults with care and support needs in a way that indicates s/he would pose a risk of harm to adults at risk 4. behaved in a way that has harmed a child or may have harmed a child which means their suitability to provide a service to adults with care and support needs must be reviewed   If the allegation meets any of the above criteria, or you are unsure, please contact the Local Authority Designated Adult Safeguarding Manager (DASM) immediately for further guidance. | | | | |
| **Allegation Type:**  Criminal Exploitation  Discriminatory  Domestic Abuse  Financial/Material  Modern Slavery  Neglect & acts of omission  Organisational  Physical  Psychological  Self-neglect  Sexual  Sexual Exploitation  Other/to be decided | | | | |
| **Is the allegation feasible based on initial enquiries only:**  Yes:  No: | | | | |
| **What considerations lead you to believe this? Please explain:** | | | | |
| **Personal Information – Adult with Care and Support Needs & Relative/Carer:** | | | | |
| **Adult with Care and Support Need’s surname:** | | | **Adult with Care and Support Need’s forename(s):** | |
| **Adult with Care and Support Need’s address:** | | | **Relative/carers names and contact details:** | |
| **Is the relative/carer aware of the allegation? Yes:**  **No:** | | | | |
| **Adult with Care and Support Need’s date of birth:** | | **Adult with Care and Support Need’s age:** | | **Does the Adult with Care and Support Needs have Capacity?:** |
| **Adult with Care and Support Need’s gender: Male:**  **Female:** | | | | |
| **Other relevant information** (e.g. adult with care and support needs is subject of a DoLS, domiciliary care, residential care etc.) |  | | | |
| **Any information provided by the Adult with Care and Support Needs** |  | | | |

|  |  |  |
| --- | --- | --- |
| **Details of Person Subject to Allegation:** | | |
| **Date of allegation:** | | **Subject’s address:** |
| **Time of allegation:** | |
| **Subject’s surname:** | | **Subject’s forename(s):** |
| **Subject’s date of birth:** | | **Subject’s gender:**  **Male:**  **Female:** |
| **Does the subject have a valid CRB disclosure check?** | | **Yes:**  **No:** |
| **How long have they been in this employment:** | **Role/status** (e.g. carer, volunteer, qualified teacher etc.)**:** | |
| **Any previous concerns:** | | |
| **Other relevant considerations regarding the subject:** | | |
| **Details of person(s) who received report of allegation:** | | |
| **Details of person(s) who reported the allegation** (including contact information)**:** | | |
| **Details of any witnesses and information provided** (remember do not interview identified witnesses)**:** | | |

|  |  |
| --- | --- |
| **Your Observations/Additional Information:** | |
| **Please remember this is not an investigation and observations should be made on the basis of information and/or facts and evidence regarding**   * The nature of the allegation(s) including dates, times (chronology), situation, special factors or other information – making a clear distinction between what is fact, opinion or hearsay. * Descriptions of any visible bruising, injuries, behavioural signs or indirect signs e.g. signs indicators of neglect; theft of money or belongings; photographs or video evidence, e-messages, documents etc.   If you note any visible injuries contact the Single Point of Access (tel: 01472 256256) and then contact the DASM at the Safeguarding Adults Board (tel: 01472 324711) or via email [DASM@nelincs.gov.uk](mailto:DASM@nelincs.gov.uk). | |
| **NB. Where injuries have been noted the person’s health and wellbeing must be the first priority and where appropriate – health professionals consulted or emergency services called to provide urgent responses.** | |
| **PART B Outcome:** | |
| **Date closed:** | **Closure code:** False / Malicious / Substantiated / Unsubstantiated |
| **Closure Actions (Can be multiple outcomes):**  Disciplinary Action  Dismissal  Exonerated  Police Action  Referral to DBS  Referral to Registration Body    Referred to LADO  Referred to OPG  Resigned  Suspension  Training  No Further Action | |
| **Signed:** | |
| **Print Name:** | |
| **Designation:** | |
| **Date:** | |
| Please send this form to[**DASM@nelincs.gov.uk**](mailto:DASM@nelincs.gov.uk). If you are unable to complete all sections of the form, we would still like to receive it at the earliest opportunity. | |