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| 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. |

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| **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)*

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| **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** |  |

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| **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)**:**  |

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| **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.  |
| **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 BOutcome:**  |
| **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**. If you are unable to complete all sections of the form, we would still like to receive it at the earliest opportunity. |