

Safeguarding Reporting Template for those without access to In-Form

Restricted Information

This form should only be completed by those who do not have access to In-Form whenever an issue or concern has arisen that needs reporting regarding a child or adult.

TRY AND FILL FORM OUT AT THE TIME OF THE INCIDENT WHERE POSSIBLE.

Date	
Time	
Name of person reporting	
Position at akt	
Contact details of person reporting	
Adult's details	
Name	
Address	
Date of birth	
Contact details (phone number/email address)	
Reason(s) for report including names and details where known	
What are you worried about?	
Details of Alleged perpetrator(s)	
Name	

Address	
Are they also known to akt?	
Action(s) taken by person reporting	
Is the adult aware of your concerns and action taken?	
Has the adult been asked to consented to a safeguarding referral?	
If no, why not?	
Who else has been informed of these issues?	
Report received by akt DSO/Deputy DSO/Safeguarding Lead	Name: Signed: Date:
Action(s) taken by akt safeguarding team	

PLEASE ENSURE A COPY OF YOUR COMPLETED REPORT IS SENT TO THE DESIGNATED SAFEGUARDING OFFICER OR DEPUTY DESIGNATED SAFEGUARDING OFFICER (if you can't find their details you can email it to safeguarding@akt.org.uk)