

Safeguarding Incident Report Form - adults - V02.0 UPR HS10 Appendix IV - Effective: 1 September 2023

University of Hertfordshire: Cause for Concern Form		
Section 1-The details of the individual		
Name		
Address		
Date of Birth/ Age		
Contact number		
Emergency contact if known		
Consent to share information with emergency contact?		
Section 2 – Details of the person	completing this form/ Your details	
Name		
Contact phone number(s)		
Email address		
Line manager or alternative		
contact		
Your Role in organisation		
Section 3 – Details of concern		
Please explain why you are concerned. Please give details about what you have seen/been told/other that makes you believe the adult/child is at risk of harm or is being abused or neglected (include dates/times/evidence from records/photos etc.)		
Date/ Time	What happened	

Section 5 – Details of the person thought to be causing harm (if known)				
Name				
Address				
Date of Birth/Age				
Relationship/connection to adult				
Role at the University or other				
Do they have contact with other adults at risk/children in another capacity? E.g. in their work/family/as a volunteer				
Section 6 - Have you discussed y	your concerns with the adult? What are their views,			
What have they stated about what	at they want to happen and what outcomes they want?			
Section 6A – Reasons for not discussing with the adult				
Discussion would put the adult or				
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Adult appears to lack mental capacity. Please explain:						
Adult week to the second of th						
Adult unable to communicate their	rviews. Please	explain:				
0 11 7 8111						
Section 7 – Risk to others						
Are any other adults at risk Yes	'No/Not known -	- delete as appropriate				
If yes, please fill in another form answering questions 1-6						
Are any children at risk Yes	/No/Not known I	Delete as appropriate				
If yes, please fill in a safeguarding	children referra	al form and attach to this.				
Section 8 – What action have you	taken if any /ag	reed with the adult to reduce the risks?				
Actions by University:						
Section 9: Other agencies	Who contacted/reference number/contact details/advice					
contacted	gained/action l	peing taken				
Police						
Ambulance						
Other – please state who and why	/:					
Section 10: Contact with Other Staff						
Who else has been informed of this issue? – and what was the reason for information sharing						
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Who else has been informed of the Consultation with Safeguarding Le		what was the reason for information shari	ng			
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Completed Form copied to Safeguarding Lead; Date and time			
Signed:			
Date:			