

Winchester Bereavement Support

ADULT SAFEGUARDING CONCERN FORM

Complete this form within 24 hours of a safeguarding concern arising

1. LEVEL OF CONCERN

URGENT		NON-URGENT	
A risk of imminent severe harm if action is not taken immediately (such as life-threatening or serious injury). Urgent concerns MUST be referred to the relevant third-party organisation(s) (e.g. GP, Adult Social Care, Police) within 24 hrs of the concern being raised.		A concern regarding abuse, neglect, or poor practice where the individual faces no immediate, life-threatening danger	

2. COMPLETED BY

Designated Safeguarding Lead:			
Supervisor:			
Bereavement Visitor:			
Date of Concern:		Time of Concern:	

3. CLIENT (PERSON AT RISK) DETAILS

Full Name:	
Date of Birth:	
Address Line 1	
Address Line 2	
Town	
Postcode	
Phone Number:	
Email Address:	
GP Name:	
Surgery:	
Next of Kin / Emergency Contact:	

4. NATURE OF THE CONCERN

Nature of Abuse	Tick	Abuse Type	Example
		Physical	Hitting, restraint, misuse of medication
		Emotional / Psychological	Bullying, threats, coercion
		Domestic	Forced marriage, tech abuse, stalking
		Sexual	Non-consensual acts, exploitation
		Neglect / Self-Neglect	Failing to meet basic care needs (hygiene, food, medical)
		Financial / Material	Theft, fraud, misuse of funds
		Institutional	Poor care practices
		Discrimination	Harassment based on race, gender, disability etc
		Modern Slavery	Abuse of power, forced labour
		Other	Specify
Does the client have a need for care or support?			
Is the client able to protect themselves?			
Are they currently experiencing abuse, neglect or are in a harmful situation?			
Are they able to make their own decisions?			
Is a child, or anyone else other than the client, at risk?			
Has the client been asked for their views/consent to share this information?			
What action has already been taken?			
Any other relevant information?			

5. REFERRAL TO THIRD PARTY (required if URGENT)

Referral Agency	Tick	Service	
		GP Surgery	
		Hampshire Safeguarding Board	
		Adult Social Services	
		Police	
		Ambulance	
		Fire	
		Other (Specify)	
Contact Name:			
Date Contacted:		Time:	
Reference Number:			
Outcome:			

6. INTERNAL FOLLOW-UP

Further Action Required:	
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Data protection: This form contains special category personal data. Store securely (locked cabinet or access-controlled digital folder), share only on a strict need-to-know basis and with third parties where necessary to protect the client from harm, and retain/dispose of in accordance with Winchester Bereavement Support's GDPR / Data Protection and Retention Policy.