

**Second
Movement**

Safeguarding Concern Form

*Use this form to record any safeguarding concern, however trivial. Forward it **immediately** to the Second Movement Safeguarding Trustee. Answer every question; continue on a blank sheet if necessary.*

Details of person at risk

Name of person		DOB:	
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Home address	
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About You (the person filling in this form)

Your name	
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Job title/ Role		Date	
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About the safeguarding concern

Are you reporting your own concern or one raised by someone else?	
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If you are raising a concern made by someone else, please provide their full name, status and contact details	
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<p>Please provide details of the concern you have including dates, times, descriptions of events, full names and whether the information is first hand or the accounts of others</p>	
<p>The person at risk's account (if applicable). <i>Include what they want the outcome to be</i></p>	

<p>Provide details of the person causing harm (if known)</p>	
<p>Provide details of any witnesses to the concern</p>	
<p>Provide details of any previous incidents or concerns relating to this person (if known)</p>	
<p>Actions: Please state the immediate actions you took in response to the concern:</p>	
<p></p>	

People contacted

*You must pass this form **immediately** to the Second Movement Safeguarding Trustee. The Safeguarding Trustee will then inform external people as necessary. You should only contact people outside Second Movement to deal with an immediate emergency (for example, police or ambulance service).*

Give details below of any people outside Second Movement that you have communicated this concern to – give name, position, contact details, and the date and time that you contacted them:

Declaration: I have completed all sections of this form to the best of my knowledge

Signature

Second Movement (June 2020)

Second Movement Safeguarding Adults Policy – Appendix 2