**CONFIDENTIAL**

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| **Responding to Abuse Form for Children and Adults at Risk of Harm** | |
| Please fill out this form as close in time to the events | |
| **Name of Places of Worship/Organisation**: |  |
| **Name of Child/Young Person/Adult at Risk**: |  |
| **Address**: |  |
| Date |  |
| Time of incident |  |
| **Sequence of Events/Actual Words Used/Observations**;  (Brief description of the incident that caused concern) | |
| **Indicate the location of any physical abuse observed**  Front  A black outline of a human body  Description automatically generated with low confidence | Back  A black outline of a human body  Description automatically generated with low confidence |
| **Other Agencies known to be involved with the client**  (please tick and give details)    Police  Probation Service  Social Services  Adult Learning  Mental Health Service  Local Housing Authority  Voluntary Sector | Details: |
| **Action Taken (including person(s) contacted and any later actions with dates):** | |
| **Name of person completing the form:** |  |
| **Role in the organisation:** |  |
| **Contact details:** |  |
| **Date of report** |  |
| **Time of report** |  |
|  |  |
| **Further notes** | |