**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**FrontA black outline of a human body  Description automatically generated with low confidence | BackA 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** |