

Adult Safeguarding Record Sheet.

Adult Safeguarding Record Sheet

*This form should only be filled in with information **already** known, be careful not to ask leading questions. Fill in factually. It should be filled out ASAP, on the same day and stored in a secure place.*

Name of the adult at risk (including any names known)	
Date of Birth	
Address	
Name of Parent or Carer and contact details.	
Any special needs known; including medical/disability/ language/etc.	
Nature of concern	
Views of adult at risk (if able to express)	
Name and details of any other adults at risk or children (under 18 years of age) in the family or setting	
Action Taken	Detail here agency contacted, who spoken to and any timescales/actions given

<p>Safeguarding Lead or deputy person's action and reason for taking it OR Why no action has been taken</p>	<p style="text-align: right;">Time & Date</p> <p>Detail here external agency contacted, who spoken to and any timescales/actions given</p>
<p>Name of organisation, address and phone numbers/ e-mails:</p>	
<p>To be completed by the concerned person</p> <p>Signature:</p> <p>Print Name:</p> <p>Job Title/Role:</p> <p>Date:</p>	
<p>To be completed by Lead/Deputy person for Safeguarding:</p> <p>Signature:</p> <p>Print Name:</p> <p>Job Title/Role:</p> <p>Date:</p>	