



Next of Kin details:

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Other involved agencies: (e.g. homecare, support workers, sitting service)

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Clients usual living arrangements:

- Lives alone
- Lives with spouse or partner
- Lives with family/carer
- Lives in care home
- Lives with children under 18 yrs
- Other (please specify)

Client Group:

- Older people (65 & over)
- Learning disability
- Mental Health (18-64)
- Mental Health (65 & over)
- Physical & Sensory disability (18-64)
- Substance misuse
- Other (please specify)

Recent Hospital admission:

- Yes  (please specify details below)
- No

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.....

Name & Address of Alerter:

.....  
.....  
.....

Telephone No:

.....

Relationship to client:

.....

Relationship to alleged  
Perpetrator:

.....

Setting where alleged abuse took place

- Own Home
- Care Home
- Hospital
- Day Care
- Supported Accommodation
- Other (please specify)

Is the alleged perpetrator a vulnerable adult? Yes   
 No

- Older people (65 & over)
- Learning disability
- Mental Health (18-64)
- Mental Health (65 & over)
- Physical & Sensory disability (18-64)
- Other (please specify)

Has alerter observed the alleged abuse?: Yes   
 No

If No how was the alerter made aware:

.....

When was the alerter aware of the alleged abuse:

.....

How often does alleged abuse happen / when was the last episode:

.....

Has the alerter informed the Police Yes   
 No

Type of abuse alleged:

- Discriminatory & social
- Physical
- Sexual
- Psychological
- Financial
- Neglect
- Professional
- Institutional

Are children at risk Yes  (if yes, contact Child Protection)  
 No

Describe details of incident (using attached body map if appropriate):

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**REQUIRED ACTIONS**

- **Inform the relevant Care Management Team Senior**
- **Consider any immediate action required to protect safety**
- **If a Care Home is involved alert the Commission for Social Care Inspection (CSCI) 020 8477 0960**
- **If children are thought to be at risk alert Child Protection**
- **If criminal act is alleged / suspected alert the Police**
- **A copy of this alert form MUST be sent to the**

**Adult Safeguarding Team  
Colonel Hope Wing  
234 Porters Avenue Health Centre  
Porters Avenue  
Dagenham  
RM8 2EQ**

**E-mail: [SafeguardingAdults@lbbd.gov.uk](mailto:SafeguardingAdults@lbbd.gov.uk)  
Fax: 020 8517 7356  
Tel: 0208 724 8863 / 8858 / 8860**

**Policy & Procedures for Safeguarding Adults are available via the link below:**  
<http://www.barking-dagenham.gov.uk/6-social-services/safeguarding-adults/pdf/policy-procedure.pdf>