## Safeguarding Complaint Form

**Instructions:** Please fill this downloadable form to the best of your ability, and send it as an attachment to the e-mail address office@wasteconcern.org. If you wish to provide a verbal complaint instead, please call 01771113762.

### Section I: Personal Details

<table>
<thead>
<tr>
<th>Employee’s Full Name</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line Manager’s Name</td>
<td>Job Title</td>
</tr>
<tr>
<td>Administrative Officer</td>
<td>Job Title</td>
</tr>
<tr>
<td>Project Name</td>
<td>Contract Date</td>
</tr>
</tbody>
</table>

Does Employee wish to be anonymous (circle the response):  
- YES (please provide details in section II)  
- NO  
- OTHER (explain in section III)

Best way to contact the person(s) (circle the response and provide detail):  
- E-mail/In-writing  
- Phone no.:  
- In-person (please provide details in section III)

Date(s) of Incident:  
- Location(s)  
- Time(s)

### Type of Abuse:

- Physical
- Sexual
- Psychological
- Emotional
- Discriminatory
- Abuse/Physical Violence
- Mental Abuse
- Racism
Section II

Detailed Description of Incident

Please give detailed description of incident of all people involved, witnesses and any other relevant comments. If physical abuse, please provide body map. (attach additional pages if necessary)

Section II: Supplemental Information on Safeguarding

Was Police Called?

Yes ☐ No ☐

Police Log no:

Was any previous complaints made in relation to this person(s)

Yes ☐ No ☐ Unknown

Any other vulnerable Adult/children at Risk
Yes ☐ No ☐ Unknown

Do you think Adult as risk has mental/physical capacity to represent themselves?
Yes ☐ No ☐

If no, suitable person who could represent them

Family
Friend
Witness

Name and contact of suitable person

What does Adult at risk want to happen as a result of this Safeguarding enquiry?

Section IV: Additional Information

If you need support, please let us know how we can help you