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

Employee's Full Name		Job Title	
Line Manager's Name		Job Title	
Administrative Officer		Job Title	
Project Name		Contract Date	
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 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 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		