

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

Police Log no:

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

Yes No Unknown

Any other vulnerable Adult/children at Risk

