A close-up of a logo

AI-generated content may be incorrect.

**Safeguarding Adult Procedure: Appendix C.**

**Safeguarding Disclosure Form:**

Please complete this form if you witness a safeguarding incident or if someone discloses a safeguarding incident to you. The form should be sent to the Designated Safeguarding Lead after your initial report of a safeguarding concern.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Safeguarding Disclosure Form:** TaxAid / Tax Help for Older People | | | | | |
| 1. Incident/Disclosure Details | | | | | |
| Date and time of the incident/disclosure/concern: |  | |  | | |
| Date and time of the report: |  | |  | | |
| 2. Reporting Details | | | | | |
| Name of the person to whom the concern was originally reported: |  | | | | |
| Role of the person to whom the concern was originally reported: |  | | | | |
| Contact details of the person originally reported to: | Telephone: | | | | |
| Email: | | | | |
| Name of the person making this report (if different from above): |  | | | | |
| Role of the person making this report (if different from above): |  | | | | |
| Contact details of the person making this report: | Telephone: | | | | |
| Email: | | | | |
| 3. Individuals Involved | | | | | |
| Is the concern regarding: | Staff | Volunteer | Beneficiary | | Other |
| Name of the adult who is the subject of the concern: |  | | | | |
| Contact details of the adult who is the subject of the concern: | Address: | | | | |
| Telephone: | | | | |
| Email: | | | | |
| Other relevant information about the adult who is the subject of the concern (including information about their care and support needs): | | | | | |
|  | | | | | |
| Name(s) of any other parties involved in the incident, including any witnesses: | | | | | |
| Name: | Contact details: | | | | |
| Name: | Contact details: | | | | |
| Name: | Contact details: | | | | |
| 4. Incident Description | | | | | |
| What was said or done and by whom? (Provide as much detail as possible, using direct quotes where applicable): *see Safeguarding Adult Procedure: Appendix B. Recording Concerns* | | | | | |
|  | | | | | |
| Any immediate action taken: | | | | | |
|  | | | | | |
| Any further action taken (such as a referral being made): | | | | | |
|  | | | | | |
| Date Safeguarding Disclosure Form received by Designated Safeguarding Lead: | Date: | | | Time: | |