

**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.

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| **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* |
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| 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: |