ADULT AT RISK REPORT FORM

**To be used to record and/or report an injury, incident, concern or complaint**

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| Your name, address, phone number, e-mail |  |
| What are you reporting? | 1. An accident or injury or an incident 2. A concern or a potential risk/concern raised by someone else. 3. A complaint or Other (please state) |
| 1.For an accident or injury or incident | Please give details including time/dates, location, who was involved: |
| 2.If reporting a concern | Give full details: name of the adult or adults and the nature of your concern. Has the concern been raised by someone else? |
| 3. If reporting a complaint or other matter | Who is making the complaint? What is the complaint? |
| If possible, provide a witness statement | Name of witness  Contact details |
| Who has been notified? | Give details of name, organization, |
| What action has been taken? |  |