



MANDATORY SAFEGUARDING FORM LEVEL 3, 4, 5

Internal Agency Investigation Report

This form requires completion within 28 days of the alert being raised.

Single Agency	<input type="checkbox"/>
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Multi Agency	<input type="checkbox"/>
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Level 3	<input type="checkbox"/>
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Level 4	<input type="checkbox"/>
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Level 5	<input type="checkbox"/>
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Section 1: Internal investigator details

Name	
Role	
Date	
Contact Number	
Name & Address of Employer	

Section 2: Personal details of the adult at risk

Name	
D.O.B.	
CareFirst Number	
Gender	
Address	
Contact number	
Ethnicity	
GP Name and contact details	

Is the adult at risk deceased?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state date of death	<input type="text"/>			

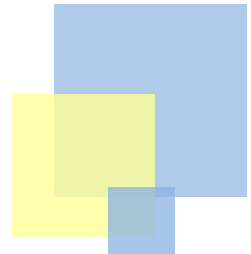
Long term health conditions of adult at risk	<input type="text"/>
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Is the adult at risk a carer?	Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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Details of cared for	
Name	
Address	
CareFirst number (if known)	



Section 3: Capacity

Does the adult at risk have capacity to consent to the investigation?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If yes, does the service user consent to the investigation?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If no, is it in the individual's best interest for the safeguarding investigation to proceed?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If no, has the risk to other adults at risk been considered and the investigating continuing?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Please provide details of how the capacity assessment and best interest process was completed	
Is the adult at risk deprived of their liberty or subject to any restrictions?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If yes, please provide details	
Is the adult at risk subject to Deprivation of Liberty Safeguard?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If not, has it been considered?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Section 4: Communication

Are there any communication difficulties for the adult at risk?

Yes

No

If yes, please provide details

MAKING SAFEGUARDING PERSONAL

Section 5: Views

Please evidence the views of the adult at risk including the preferred outcome

Section 6: Details of the incident including perpetrator

Date of incident	
Details of the alerter	
Name	
Brief description of alleged abuse	
Category of alleged abuse (please tick all categories that are alleged)	Physical Financial Psychological Emotional Neglect Acts of omission Sexual Discriminatory Institutional

Details of the alleged incident

Was the incident witnessed?

Yes No

If yes, by whom?

Who has the referrer spoken to? e.g. police/CQC/DBS, please include dates

Have any injuries been sustained by the adult at risk?

Yes No

Details of injuries and any treatment required (e.g. GP, Mastercall, ED)

Name of the alleged perpetrator

Is the individual an employee?

Yes No

If yes, what is their role in the organisation?

Is the alleged perpetrator another resident?

Yes No

If yes, are they at risk themselves?

Yes No

CareFirst number (if known)

Do they require a review?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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IF YES CONTACT ASC CONTACT CENTRE ON 0161 217 6029 to request a review.

Is this the first instance of abuse alleged by this perpetrator	
Yes	<input type="checkbox"/> No <input type="checkbox"/>
If no, is the incident of a similar nature?	
If it is of a similar nature, please detail what actions are in place to ensure adequate safeguards are in place?	

Section 7: Risk Assessment and Protection Plans

Have you completed/updated a risk assessment/care plan	
Yes	<input type="checkbox"/> No <input type="checkbox"/>
If yes, date completed	
If no, please complete/update the risk assessment/care plan	

Section 8: Outcome

Following the investigation is the alleged	
Substantiated	<input type="checkbox"/>
Partly Substantiated	<input type="checkbox"/>
Not Substantiated	<input type="checkbox"/>
Not determined/inconclusive	<input type="checkbox"/>

Please evidence how this outcome was determined

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I am satisfied that I have undertaken this investigation thoroughly, and have put in place a proportionate response to the incident detailed above.

Signature		Date	
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