## **GUISBOROUGH U3A**

Registered Charity No. 1125829

## **SAFEGUARDING REPORT**

**Details of person affected:** 

Surname:

CONFIDENTIAL

Membership no:

## **RECORD OF AN ALLEGATION, SUSPICION OR CONCERN**

attach additional pages if required.

Be reassuring and support the person. Do not touch them, for adult protection reasons. Explain that they may tell you anything they wish and it will remain completely confidential.

First name:

Conta	ct details:			
~ Red ~ Sep ~ Use	ord the circumstances in which the dis earate factual information from opinions a pen or biro with black ink so the rep			
1.	1. What happened: Record what is actually said, using their own words and phrases. Do not summarise or use anyone else's words, phrases or opinions.			
2.	. When it happened: Record exactly when it happened (including frequency).			
3.	Where it happened: Record the setti	ng.		
4.	. Who witnessed the incident: Record details of anyone else who was there at the time o incident			
	Name:	Contact details:		
	Name:	Contact details:		

## Adopted by Guisborough u3a on 31.8.23

5.	Who else was present when this disclose present at the time of this disclosure.	se was present when this disclosure was made: Record details of anyone else who was at the time of this disclosure.				
	Name:	Contact	details:			
	Name:	Contact	details:			
<u>Actio</u>	n taken by Safeguarding Officer:					
0-6						
Safeguarding Officer's name and role in Guisboname:		Role:				
Signature:		Date: Membership no:				
Conta	act details:					
Refer	ral made to:					
Date a	and time referral made:					
The al	bove information is to remain with a Safeguar	rding Officer in ac	cordance with our Safeguarding Adults			
This in	This information will cease to be held at a date in line with the Data Protection Policy					