## London ACEs Hub Trauma-Informed Safeguarding Report Form

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| **Trauma-Informed Safeguarding Incident Report Form**  *Please save this form password-protected and email it upon completion and within 24 hours after the incident occurs to the London ACEs Hub Designated Safeguarding Leads:*  Tiane Graziottin and Roger Grimshaw **-** Email: [contact@londonaceshub.org](about:blank)  *If the concern is related to one or both of the Designated Safeguarding Leads, please complete the confidential online form* [*here*](https://www.londonaceshub.org/safeguarding)*.* | | | | | | | | | | | | | | | | |
| **Criteria for Safeguarding Report** - *Please tick or type as applicable* | | | | | | | | | | | | | | | | |
| Abuse or neglect of a child/young person is known or suspected | | | | | | |  | | | | | Abuse or neglect of a vulnerable adult is known or suspected | | | |  |
| Other safeguarding concerns (please state) | |  | | | | | | | | | | | | | | |
| **Person Reporting** | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | |
| Tel/Mobile No. | |  | | | | | | | | | | | Email | |  | |
| Designation/Role at time of the incident | | | | | | | | | |  | | | | | | |
| Date and time of report submission | |  | | | | | | | | Signature | | | |  | | |
| **Person(s) Concerned** - *Please complete as many sections as possible* | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | |
| DOB/Age | |  | | | | | | | Address | | | |  | | | |
| Tel/Mobile No. | |  | | | | | | | | | | | Email | |  | |
| **Informed Consent** (see sec. 5 of *Procedures* and *Appendix V* of the *LAH Safeguarding Policy & Procedures*) | | | | | | | | | | | | | | | | |
| Has information-sharing consent been gained? | Yes | |  | | No |  | | State type or reason for lack of consent below | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Has the content of this report been shared with the concerned person? | Yes | |  | | No |  | | State reason for lack of sharing | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Safeguarding Incident** | | | | | | | | | | | | | | | | |
| Date |  | | | Time | |  | | | | | Place | |  | | | |
| Individuals involved  (please list all including yourself) |  | | | | | | | | | | | | | | | |
| Factual description  of the incident |  | | | | | | | | | | | | | | | |
| Safeguarding concerns (please list all) |  | | | | | | | | | | | | | | | |
| **Voice & Choices of Person(s) Concerned** | | | | | | | | | | | | | | | | |
| What would need to happen to make the situation safer as stated by the person concerned? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Is there anything that the person concerned would like to avoid or prevent from happening to protect oneself/others from traumatisation or re-traumatisation? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Safeguarding Actions** | | | | | | | | | | | | | | | | |
| What actions have been undertaken to safeguard and protect the individual(s) concerned following the incident? (Please list all actions taken by you, person concerned and/or others) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Self and Mutual Care** | | | | | | | | | | | | | | | | |
| Would you like any support from us following the incident to ensure self and mutual care? This may be applicable to your needs and/or the needs of the person(s) concerned. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

*Thank you for completing this form. The LAH Safeguarding Leads or Team will keep you and the concerned person informed of the outcome of the report as appropriate. For any questions, please contact Tiane Graziottin and Roger Grimshaw**at*[*contact@londonaceshub.org*](about:blank)or, alternatively, contact the Safeguarding Team by clicking [here](https://www.londonaceshub.org/safeguarding).