

**SAFEGUARDING CONCERN ALERT FORM**

**(Confidential when complete)**

<b>For Office Use</b>	
Date and Time of Incident	
Name of Person raising concern	
Passed to Designated Safeguarding Lead (DSL)	
Method of communication	
Received by DSL (time)	
<b>About the incident, safeguarding concern or identified Risks</b>	
Individual(s) identified at risk ( <i>select all that apply</i> ):	
<input type="checkbox"/> Person using the Food Bank	<input type="checkbox"/> Partner/spouse
<input type="checkbox"/> Food bank Volunteer	<input type="checkbox"/> Cohabiting individual
<input type="checkbox"/> Staff/ employee	<input type="checkbox"/> Friend/ neighbour
<input type="checkbox"/> Children/Young person	<input type="checkbox"/> Other
About the person(s) named in the concern	
Name:	
Address:	
Phone number/email:	
Date of birth:	
Gender:	
Voucher number:	
Referral Agency:	
Is the alleged perpetrator known to the person at risk:	
What is their relationship to the person at risk:	
<input type="checkbox"/> Carer	<input type="checkbox"/> Professional
<input type="checkbox"/> Family member	<input type="checkbox"/> Friend
<input type="checkbox"/> Neighbour	<input type="checkbox"/> Self
<input type="checkbox"/> Another vulnerable person	<input type="checkbox"/> Other
Please provide a brief description of the allegation/concerns:	
Please provide a brief outline of actions taken/ support offered:	
Have you discussed your concerns with the person at risk (or legal guardian in the case of a child), where doing so does not increase the risk of harm and informed them of any actions you proposed to take:	
Has the person at risk given their consent to sharing the information with appropriate external agencies and/or statutory services:	

<b>For the Designated Safeguarding Lead to complete</b>	
Type of risk/ abuse identified or suspected ( <i>select all that apply</i> ):	
<input type="checkbox"/> Self-neglect <input type="checkbox"/> Exploitation (including financial) <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Modern Slavery <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Emotional/ psychological Abuse <input type="checkbox"/> Discrimination <input type="checkbox"/> Neglect <input type="checkbox"/> Coercive controlling behaviour <input type="checkbox"/> Grooming <input type="checkbox"/> Other :
Additional actions/ measures:	
Is a further Risk Assessment needed for the FB to managed identified risks/ concerns:  <input type="checkbox"/> Yes <input type="checkbox"/> No -	
Has the incident/ concern been reported to statutory social care services:  <input type="checkbox"/> Yes <input type="checkbox"/> No When? Date/Time	
Concerns shared with external agencies  <b>N.B. If you have concerns for a person's immediate safety then contact the emergency services.</b>	<input type="checkbox"/> Police <input type="checkbox"/> Social Care <input type="checkbox"/> Original referral agency <input type="checkbox"/> 31:8 <input type="checkbox"/> Trussell Trust Area Manager <input type="checkbox"/> Other  <b>Safeguarding Trustee, COT, Operations Manager, Deputy Designated Safeguarding Lead</b>
Safeguarding Incident Register updated for the charity Trustees/ Management Group:  <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Individual Risk Assessment for Client accessing Foodbank (delete if not needed)**

Specific Concern	Risk	Mitigation proposed/in place/agreed action	By whom/when / Notes

I agree the above action and confirm I have adequate information/knowledge to have made the assessment.

Signed off by (Designated Safeguarding Lead) : J DeVeaux Date: