

Beverley and District u3a Safeguarding concerns

Adult at Risk

Surname:

Fist Name:

Address:

Post Code:

Disclosure / Suspicion Date and Time:

Location of Disclosure / Suspicion:

Who Received Disclosure / Had Suspicion:

Type of Alleged Abuse:

Location of Alleged Abuse:

Description of Alleged Abuse:

Name: Date:

Signature: Post:

Name of Committee member Informed:

Name: Post: Date & Time:

Committee decision:	No Further Action/ Referral On:
Action Date:	Reason for Decision:
Date Record to be Destroyed:	