**Allegations Reporting Form**

**NB Where possible, please complete all fields below.**

**If information is not known, please put ‘N/K’.**

**Please email completed form to:** **sdinputters@somerset.gov.uk**

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| **Date reported to LADO** |  |
| **Date allegation known** **(This refers to the date your organisation became aware of the allegation)** |  |

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| **Name of School/Organisation making this notification** |  |
| **Name of person completing this notification** |  |
| **Post Title / Job Role** |  |
| **Contact Details** | Tel: | Email: |

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| **Which of the following criteria do you consider the allegation(s) meets?****The allegation of inappropriate behaviour:** |
| **Has harmed or may have harmed a child?** | Choose an item. |
| **Is possibly a criminal offence against or related to a child?** | Choose an item. |
| **Indicates the individual poses a risk of harm to children?** | Choose an item. |
| **Indicates the individual may not be suitable to work with children. (This covers any incident in the individual’s personal life that might be a transferable risk into the workplace).** | Choose an item. |

**OR:**

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| **SEEKING ADVICE & GUIDANCE ONLY (only select if none of the above criteria are met)** | Choose an item. |

**Please note – If you are seeking advice & guidance only (i.e. do not feel the threshold is met), we will contact you within 5 working days. If the threshold is considered to be met, we will be in touch in 1 working day.**

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| **Details of member of staff / volunteer whom the allegation is against** |
| Full Name |  | DoB |  |
| Gender | Choose an item. | Ethnicity | Choose an item. | Disability **– If known please complete cell below.** | Choose an item. |
| Nature of Disability |  |
| Post Held**(Please also provide a brief description of their role)** |   | Employment Status | Choose an item. |
| Employed by |  | Commencement date of employment |  |
| Home Address |  |
| Previous concerns**(Please provide details if any)** |  |

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| **Details of Child(ren) involved** |
| Full Name |  | DoB |  |
| Gender | Choose an item. | Ethnicity | Choose an item. | Disability - **If known please complete cell below.** | Choose an item. |
| Nature of Disability |  |
| Home Address |  |
| Parent’s Name |  |
| Children’s Social Care involvement? | Choose an item. | If Yes, who is the responsible authority? |  |
| If Yes, who is the social worker? | Name: |
| Tel: | Email: |

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| **Details of Alleged Incident** |
| Date and Time of Incident |  |
| Place of Incident |  |
| **Summary of the incident (to include any evidence of harm):****Relevant context/antecedence:****What are you concerned about:****What actions have been taken so far:****Reason for submitting the ARF:** |
| Names of Potential Witnesses (specify whether a child or an adult) |
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| Any other relevant information |
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| **Nature of Allegation** |
| Category: | Choose an item. | If a restraint was used: | Choose an item. |
| If physical, are there any observable marks or injuries? |  |
| IT involved? | Choose an item. | If yes, what type?(e.g. social media) |  |