**Logo

Description automatically generatedAllegations 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**](mailto: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) | |
|  | |
| 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) | | |  |