# Cambridge City Foodbank

# Safeguarding Concern Reporting Form

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| **Reporting Details** |
| Date and Time of Incident  | DD/MM/YYYY 00:00 |
| Name of Person Completing this form  | Your name |
| Passed to Designated Safeguarding Officer | Name of Safeguarding Officer |
| Method of communication  | Email / Letter to Office |
| Date and Time Passed to DSO | DD/MM/YYYY 00:00 |
| **About the Incident, Safeguarding Concern or Identified Risks**  |
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| Individual(s) identified at risk *(select all that apply)*:☐Person using the Foodbank ☐Foodbank Volunteer☐Staff/ employee  | ☐Children/Young person ☐Partner/spouse ☐Cohabiting individual☐Friend/ neighbour ☐Other (If “other” please specify) |

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| About the person(s) at risk Name: Forename & Surname Address: Date of birth: DD/MM/YYYYGender:  |
| Is the alleged perpetrator known to the person at risk:☐Yes ☐No  |
| What is their relationship to the person at risk:

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| ☐Carer ☐Family member☐Neighbour☐Another vulnerable person | ☐Professional ☐Friend ☐Self ☐Other If “other” please specify. |

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| Please provide a brief description of the allegation/concerns: Use this space to clarify basic information. Record factual details about what was said. Include: * Date, time, location of incidents:
* People involved:
* What was observed:
* What was heard:
* What was disclosed/said to you –using their own words

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| Please provide a brief outline of actions taken/ support offered:Outline what action was taken at the time of the incident. If there is evidence what has been done to preserve this etc.  |
| 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: ☐Yes ☐No Has the person at risk given their consent to sharing the information with appropriate external agencies and/or statutory services:☐Yes ☐No  |
| *Once completed, immediately report your concern to the Designated Safeguarding Officer.**Either Steve Clay 07885 208222 or Merrilyn Fry 07772 538628**Then email this report to safeguarding@ccfb.org.uk or immediately post in a sealed envelope, marked ‘confidential’ to The DSO, Cambridge City Foodbank, 2 Orwell House, Cowley Road, CB4 0PP* |
| **For the Designated Safeguarding Officer to complete**  |
| Type of risk/ abuse identified or suspected *(select all that apply)*:  |
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| ☐Self-neglect☐Exploitation (including financial)☐Domestic Violence ☐Modern Slavery ☐Sexual Abuse ☐ Physical Abuse  | ☐Emotional/ psychological Abuse ☐Discrimination ☐Neglect ☐Coercive controlling behaviour ☐Grooming  |

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| Additional actions/ measures:* List measures as bullets

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| Is a further Risk Assessment needed for CCFb to manage identified risks/ concerns:☐Yes ☐No  |
| Has the disclosure / concern been reported to statutory social care services: ☐Yes ☐No   |
| Concerns shared with external agencies: **N.B. If you have concerns for a person’s immediate safety then call the emergency services on 999** | ☐Police ☐Social Care ☐Original referral agency ☐Thirtyone-eight | ☐Trussell, Specify:☐Other, Specify: |
| CCFb Safeguarding Register updated:☐Yes ☐No  |
| Name of DSO Completing this section | DSO name |
| Date and Time of DSO actions | DD/MM/YYYY 00:00 |