# 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** | | | |
| |  |  | | --- | --- | | 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) | | | | |
| About the person(s) at risk  Name: Forename & Surname  Address:  Date of birth: DD/MM/YYYY  Gender: | | | |
| Is the alleged perpetrator known to the person at risk:  ☐Yes ☐No | | | |
| What is their relationship to the person at risk:   |  |  | | --- | --- | | ☐Carer  ☐Family member  ☐Neighbour  ☐Another vulnerable person | ☐Professional  ☐Friend  ☐Self  ☐Other If “other” please specify. | | | | |
| 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 | | | |
| 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)*: | | | |
| |  |  | | --- | --- | | ☐Self-neglect  ☐Exploitation (including financial)  ☐Domestic Violence  ☐Modern Slavery  ☐Sexual Abuse  ☐ Physical Abuse | ☐Emotional/ psychological Abuse  ☐Discrimination  ☐Neglect  ☐Coercive controlling behaviour  ☐Grooming | | | | |
| Additional actions/ measures:   * List measures as bullets | | | |
| 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 | |