



Safeguarding Concern Referral Form

This form is to be used to notify the SoBS Safeguarding Officer of any concerns, suspected or actual instances of abuse. All contact details can be found at the end of the form. If you have an urgent concern please contact the office on 0115 944 1117 Monday – Friday 9am – 5pm.

Name of person completing the form	
Name:	
Address:	
Postcode:	
Email address:	
Telephone Number:	
Volunteer/Staff/Trustee	

Name of Person reporting the concerns: (if different to the details above)	
Name:	
Address:	
Postcode:	
Email address:	
Telephone Number:	
Volunteer/Staff/Trustee /Survivor	

Details of person who is giving cause for concern: Please give as much detail as possible	
Name	
Address	
Postcode	
Email address	
Telephone Number	
Volunteer/Staff/Trustee /Survivor	

Details of the alleged perpetrator	
Name	
Relationship to victim	
Is the perpetrator connected to SoBS?	

Have you made the person who the safeguarding concerns are about aware that details of the incident are being recorded and will be investigated thoroughly?	
Yes	No
If not, why not?	

Please note that in investigating Safeguarding concerns Survivors of Bereavement by Suicide may be required to provide any named persons with details of the concerns so as to give them a fair opportunity to respond.

If concerns relate to a specific incident or a disclosure please complete section A and section B. If it does not relate to a specific incident but you have general concerns please complete just section B.

Section A	
Date and time of incident/disclosure	
Location of incident/disclosure	
Were there any other persons present? Please give their names and contact details	
Date this form was completed	

Section B Details of concern/disclosure/incident

Please include what was said, seen/observed, reported. *(If necessary please continue on additional page)*

What action did you take following the incident/disclosure/concern? *(If necessary please continue on additional page)*

- **Did you need to call for backup/emergency services/other help? If necessary have you reported the incident to the authorities?**

Section C Action taken

Please send your completed form via Tracked Mail to;

The Safeguarding Officer
SoBS National Office
The Flamsteed Centre
Albert Street
Ilkeston Derbyshire
DE7 5GU

Or

Scan and email to;

safeguarding@uksobs.org

SoBS will acknowledge receipt of the completed form within 2 working days.

If your concern is about the Chief Officer it will be forwarded to the Chair of the Board of Trustees.

Declaration

I certify that the information given on this application form is true and that any attempt to mislead, may results in legal proceedings against me. I am aware that the response period of 30 days will not commence until SoBS is satisfied that the organisation has all the necessary information and that it may be necessary to obtain further details in order to fully respond to the complaint.

Signature	
Print name	
Date	

Data cleansing of any concerns is undertaken 7 years after the incident has been resolved and all records will be destroyed appropriately, either by shredding or removed off electronic systems.