## http://knet/ourcouncil/PublishingImages/KCC_Logo_medium.jpgSTRICTLY CONFIDENTIAL

## Adult Safeguarding

**Allegation management (Adult LADO)**

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| **Date of Referral:** |       |
| **Name and Contact Details of Referrer:**(i.e. email, tel no etc) |       |
| **Referring Agency:** |       |
| **Details of Person alleged responsible:** |
| Name: |       |
| Address: |       |
| Contact Number: |       |
| Date of Birth: |       |
| Name of Employer or Volunteer Organisation: |       |
| Job Title: |       |
| **What action has the Employer/Organisation taken?** |       |
| **Details of alleged victim:** (if applicable) |
| Name: |       |
| Address: |       |
| Contact Number: |       |
| Date of Birth: |       |
| **Details of the Allegation:** |
|       |
| **For Completion by KCC Staff Member only:**       |
| **Initial Risk Evaluation and Actions Required:** |
|       |
| **Date:**  |       |
| **Contact Log:** |
| **Date:** | **Contact and Information Obtained:** | **Recorded by:** |

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| **Outcome of the Referral:** |
|       |
| **Referral to DBS/Registration Body:** | **Yes/No:**      **Name of Regulator:**      **Date:**       |
| **Copy of Referral Received:** | **Yes/No:**      **Date:**       |
| **Date of completion of the LADO referral:** |       |
| **Completed by:** |       |
| **Outcome agreed with:**(Name and Job Title) |       |

Once you have completed this form please send to the Central Referral Unit:

AdultsSafeguardingCRU@kent.gov.uk