

**ADDITIONAL PERSONS ALLEGED TO BE RESPONSIBLE**

**FORM** (Appendix 2)

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| **ADULT AT RISK** | **Name (and ID where known) of adult at risk whose case these details are associated with** |
| **Name** |  |
| **ID Number** |  |

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| **PERSON ALLEGED TO BE RESPONSIBLE** | **Details of the person(s) or service believed to have caused harm (If known)** |
| **Full name of person or service believed to have caused harm** |  |
| **Is the person alleged to be responsible also vulnerable?** | Yes  No |
| **Does person have capacity in relation to the allegation(s)?**  *(If there is a Mental Capacity Assessment in relation to this allegation please attach)* | Yes  No  Don’t Know |
| **Date of Birth/**  **Approx. Age** |  |
| **Gender** |  |
| **Address**  **Postcode** |  |
| **Telephone** |  |
| **Email** |  |
| **Ethnic Origin** |  |
| **Is the adult at risk dependent on the person alleged to be responsible to support them?** | Yes  No |
| **If yes to the question above, in what capacity?** |  |
| **Does the person alleged to be responsible care for others?** | Yes  No |
| **If yes is clicked to the question above, please give details:** |  |
| **Occupation or Voluntary Position Title**  *(If known)* |  |
| **Organisation person works for**  *(If known)* |  |
| **Is the person alleged to be responsible aware that you are reporting this?** | Yes  No |
| **Do you think the person alleged to be responsible poses a risk to others?** | Yes  No |
| **If yes is clicked to the question above, please provide the names of any adults/children known by you potentially at risk and why:** |  |
| **Do you think the adult at risk continues to be at risk of harm?** |  |
| **If yes is clicked to the question above, please give details:** |  |