## 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](mailto:AdultsSafeguardingCRU@kent.gov.uk)