

## Portsmouth City of Sanctuary Adults Safeguarding reporting form

Complete form after an adult protection incident and pass to the Service Manager/Project Lead within 24 hours or the next working day (if over the weekend or bank holiday).

Service Manager/Project Lead/Coordinator to submit form to the Designated Officer (DO).

Designated Safeguarding Officer – Shamila Dhana 07922223640 email: portsmouthcityofsanctuary@gmail.com

Details of Adult Name:	Date Of Birth
Immigration Status	Nationality
Gender	Address

## **Your Details:**

Your Name	Your Position
Date and Time of Incident	Your Line Manager
Location of Incident – For example an office, drop in	Your Contact Details

Are you reporting your own concerns or responding to concerns raised by someone else? Please give details below.					
Please give details mes, injuries etc.	of incident, concer	ns you may ha	ve including des	scriptions, date	S

Please detail the persons account if possible				
Has the situation been discussed with the Designated Safeguarding Officer?				
YES No				
Have you informed the statutory authorities:				
Police YES/NO				
Date and Time: Name and phone number of person you spoke to:				
Local Authority Adult Social Care: YES/NO (Delete as appropriate)				
Date and Time: Name and Phone Number of person you spoke to:				

feedback of referral.	lutory agency? Include date and details of
Details of any further steps taken to provi	de support to adult/child family member
betails of any further steps taken to provi	ac support to additioning family member.
Name	Position
Date	Signed
Manager's Name	Position
Date	Signed
Useful contacts:	
Portsmouth Safeguarding Adults Board Email: PortsmouthAdultMASH@portsmouthEmail: 02392 680 810 (Out of Hours	uthcc.gov.uk
Hampshire Adult Services Telephone: 0300 555 1386 (Out of Hours	s: 0300 555 1373)

In case of an emergency contact the Police on 999

**Portsmouth Domestic Abuse Services** 

Email: portsmouthreferral@stopdomesticabuse.uk

**Telephone:** 023 9206 5494)