

LSTM Safeguarding incident disclosure form (for reporting safeguarding incidents/raising concerns of abuse)

You can report incidents or concerns using the online freedom to speak up reporting system and/or by completing this form.

Remember, if a child is/could be in danger, then their **safety is paramount**. Any concerns or allegations must be reported to maintain their safety. Be honest, never make promises to keep what you are being told confidential. **If a child is being abused or is in danger of abuse, you will need to tell someone.**

A. I have a safeguarding concern about (please mark X):			
<input type="checkbox"/>	A child or vulnerable adult (e.g. a research participant, patient or beneficiary)		
<input type="checkbox"/>	A vulnerable member(s) of staff (or other representative of LSTM)		
<input type="checkbox"/>	A vulnerable student		
<input type="checkbox"/>	The behaviour of a member(s) of staff (or other representative of LSTM) towards another person		
<input type="checkbox"/>	The behaviour of a student(s) towards another person		
<input type="checkbox"/>	The behaviour of someone from a partner organisation towards another person		

B. Are you reporting (please mark X):	
<input type="checkbox"/>	Your own concerns
<input type="checkbox"/>	Concerns raised by others (please give details of who raised the issue with you):

C. please give any details of any specific person(s) affected by this incident(s) (if applicable/if known)			
Full name of individual:			
Date of birth or age (if known):		Gender:	Male
Parent/Carer's name (if applicable):			
Home address of individual (if applicable/known):			
Please provide factual details of the incident or concern you have or other relevant information: (such as describing any injuries, your observations of the individual, e.g. any changes in behaviour, and whether you are recording this incident as fact, opinion or hearsay)			
The person's account (if possible) of what happened (use their own words):			
Were there any witnesses to the incident? (If yes please provide details)			
Witness account of what happened (use their own words):			
Have you spoken to the parents/carers? (if applicable) (if yes, please provide details of what was said)			
Any further action taken to date? (can include immediate action taken to protect/care/keep the person safe, e.g. referral to health/care organisations, or other arrangements made with the community/family members):			

D. Please provide details of any person where you have concerns about their behaviour (alleged perpetrator) (who was involved in any incident/harm/abuse or alleged to have caused any incident/harm/abuse):	
Name:	Position held:
Organisation:	
Address (if known):	
Tel:	Email:
Date/time and place of incident and details about the incident:	
Have you spoken to the person against whom the allegations were made? (if yes, please provide details of what was said)	
Have you informed any local governmental or non-governmental authorities/organisations? (if yes, what advice did they give? Please provide name of person and organisation and give their contact details):	
Have you informed the police? (if yes, please provide name of person and organisation and give their contact details):	
Any further action taken to date?	

E. If this concern relates to a specific project, programme or department, please give details:	
Name of project, programme or department:	
Brief description of the programme activity:	
Country:	PI:
Please detail what your safeguarding concern is in relation to the above:	
Is this concern about a partner organisation in the project/programme? (If yes please give details)	

F. Your details: (You may leave this blank if you wish to remain anonymous, but it will help the investigation if the safeguarding officer is able to contact you)	
Your name:	Your position:
Your email:	Your phone no:
Signature:	Date/Time:

Send this form to LSTM's Safeguarding Officer: safeguarding@LSTMed.ac.uk Tel: +44(0)151 705 3744