

Knutsford GROW

## **Vulnerable Adult protection and safeguarding policy** Initial cause for concern form

Date

Time

Name of individual cause for concern is about .....

Age (if known)

Address (if known)

<p>Describe your concern and immediate action(s) taken</p>  <p>Observations to support cause for concern</p>  <p>Description and location of any visible marks, bruising etc</p>  <p>Name of alleged abuser, relationship with alleged abusee (if known)</p>
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Signature of person completing the form:

Witness:

Date:

**ONCE COMPLETED** Pass this form immediately to Knutsford GROW's Reporting Person (Chairman) (backed up by a 'phone call alert) who should continue on page two.

**This page to be completed by GROW's reporting person (Chairman).**

**Ensure you follow Knutsford GROW's policies and procedures which are downloadable from the website and include details regarding the borough council's (Cheshire East) adult protection board.**

**Detail actions taken and dates including:**

- **to whom (if anyone) this has been reported**
- **details of any investigations (if carried out) and by whom**
- **Outcomes including any decisions taken**