**ALLEGATION MANAGEMENT**

**INITIAL CONSIDERATION FORM**

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| **Date of referral:** | **Name of referrer:** |
| **Position of referrer:** | |
| **Contact number:** | |
| **Email Address:** | |
| **Name & Address of Establishment:** | |

**PLEASE KEEP INFORMATION CLEAR & CONCISE AND ENSURE THE FORM IS RETURNED AS A TYPED WORD DOCUMENT**

(For data protection purposes at this stage please do not provide details of the alleged perpetrator)

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| **DETAIL OF THE ALLEGATION MANAGEMENT CONCERN** ( including date and time of allegation) | | |
| **Date:** | **Time:** | **Name of Service User:** |
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| **VIEW OF ADULT WITH CARE AND SUPPORT NEEDS ABOUT WHAT HAS HAPPENED**  ( To be completed if the adult with care and support needs has capacity to understand what has happened (Note: no leading questions should be asked, questions should be kept open and to a minimum, i.e. what was the incident, and how did they feel, did anyone witness this? | | |
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| **FAMILY/ ADVOCATE’S VIEW** (To be completed if the adult with care and support needs does not have capacity to understand what has happened. What is the family /advocate’s response to the incident and what action would they like to see taken) | | |
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| **EMPLOYER’S VIEW** (This is the view of yourself as the employer and your response to the incident and what action you have taken) | | |
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| **ANY WITNESSES?**  (Note: if so do not discuss with the witness what the Adult with care and support needs has said, ask only if they are aware on any incident that has occurred involving the Adult and ask that they make a note of their account, sign and date) | | |
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| **IS THERE ANY CCTV FOOTAGE TO PROVE OR DISPROVE THE ALLEGATION?**  (Please check this first and ensure a copy is kept) | | |
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| **HAS THE ADULT WITH CARE AND SUPPORT NEEDS MADE PREVIOUS ALLEGATIONS OF A SIMILAR NATURE?** (dates and outcomes if known) | | |
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| **HAVE THERE BEEN ANY HISTORIC ALLEGATIONS OR CONCERNS IN RELATIONS TO THE MEMBER OF STAFF?** (dates, what the allegation was and outcome) | | |
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| **HAS THIS ALLEGATION BEEN REFERRED TO ANY OTHER PROFESSIONAL BODY?**  (Police via 101, Adult Care, CQC, etc) | | |
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**Please send completed form to Allegation Management Lead** [**aml@rochdale.gov.uk**](mailto:aml@rochdale.gov.uk)

**Office Use Only:**

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| **ALLEGATION MANAGEMENT LEAD ADVICE OR RESPONSE** |
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| **POLICE ADVICE OR RESPONSE** |
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| **HR ADVICE OR RESPONSE** |
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| **ADULT CARE ADVICE OR RESPONSE** |
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**Reference no. (From Database):**

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_