Text

Description automatically generated

**Form: Reporting a Safeguarding Concern**

US-UK Fulbright Commission

1. This form should be completed for all safeguarding concerns, regardless of perceived severity.
2. This form should be completed as soon after the incident as possible.
3. This form should be emailed to the Designated Safeguarding Lead (DSL) for Adults as soon as possible.
4. The US-UK Fulbright Commission may conduct an investigation.
5. Completed forms will be stored in line with data protection policy.

**About you**

|  |  |  |  |
| --- | --- | --- | --- |
| Your name: | ​​Click or tap here to enter text.​ | Your title/role: | ​​Click or tap here to enter text.​ |
| Your email: | ​​Click or tap here to enter text.​ | Were you witness to the concern? | ☐ |

**Nature of concern:**

|  |  |  |  |
| --- | --- | --- | --- |
| Safeguarding | ☐ | Misconduct | ☐ |
| Harassment/Bullying | ☐ |  |  |
| Accident | ☐ | Other concern | ☐ |

|  |
| --- |
| **Safeguarding Concern:** Please provide details of the concern you have, including dates, times, descriptions of events, full names and whether the information is first-hand or the accounts of others. |
| ​​Click or tap here to enter text.​ |
| **Time and date of concern/becoming aware of concern** Don’t worry if you can’t provide an exact date. Just give some idea of when the incident might have happened. And if you believe this is an ongoing incident, give some idea of how often you think it happens.    ​​Click or tap here to enter text.​ |

**Were any of the following contacted?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Social Services | ☐ | Fulbright staff | ☐ | Venue management team/staff | ☐ |
| Emergency services | ☐ | Next of kin | ☐ | Person/people at risk | ☐ |

**If you selected any of the above boxes, please provide details of communication.**

​​Click or tap here to enter text.​

|  |
| --- |
| **What action was taken?**  Please give as much detail as possible |
| ​​Click or tap here to enter text.​ |

|  |
| --- |
| **Any recommendations that you wish to make for future?** |
| ​​Click or tap here to enter text.​ |

**FOR OFFICE USE**

**Staff signature:** ​Click or tap here to enter text.​

Date: ​Click or tap to enter a date.​

**Actions:**

|  |  |
| --- | --- |
| Review risk assessment | ☐ |
| Contact social services     |  |  | | --- | --- | | Contact next of kin | ☐ | | ☐ |