

ALLEGATIONS NOTIFICATION FORM

To be completed and emailed to:
LADO@wokingham.gov.uk (please call 0118 974 6141 before sending to be set up with secure mail)

Referrers Details

This form completed by:	Job Title:
Organisation:	Tel Number:
Name of Senior Officer dealing with allegation (if different to above):	
Tel Number:	Email:

Information about the adult against whom the allegation is made

Name: _____ DOB: _____ Ethnicity: _____ Gender: _____

Address: _____

Job title: _____ Date of last DBS: _____

Does the individual have children: No
 If yes, please give details (names, DOB, address etc)

Are there any children resident at the individual's home address:
 If yes, please give details (names, DOB, relationship to individual etc)

Does the individual have any other contact with children/vulnerable adults:
 If yes, please give details

Information about the allegation or concern

Date of alleged incident: _____ Date concern raised: _____

Where did alleged incident take place:

Source of information:

Nature of allegation/concern, including category of abuse if applicable:

Brief description of allegation/concern:

Any action undertaken prior to notification:

Have there been any previous allegations or concerns raised against this person:

Information about any child identified

Is more than one child/young person involved:

If yes, how many:

Name

DOB

Gender

Address

Parents/Carers
Names

Are
parents/carers
aware of
allegation

Is the child
looked after or
subject to a
CP plan

Any other relevant information:

For internal use only- LADO evaluation

Outcome of initial consideration:

Does the allegation/concern fulfil the criteria for the LADO procedure and why:

Recommended advice and actions to senior officer or referrer:

Agreed actions and timescales:

Referred to WBC Social Care:

Referred to employer for internal management:

Referred to other Local Authority or LADO:

Referred to Police/CAIU:

PEC Number:

LADO's signature:

Date:

Service Manager's signature:

Date: