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| --- | --- |
| **Date form was sent to LADO:**  | **Name of person completing the form:**  |
| **Position of person completing the form:**  |
| **Contact number:**  |
| **Email Address:**  |
| **Name & Address of Establishment**     |

**PLEASE KEEP INFORMATION CLEAR & CONCISE**

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

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| **DETAIL OF: ALLEGATION/INCIDENT/ENQUIRY** (date and time of allegation)  |
|        |
| **CHILD’S ACCOUNT OBTAINED** (Preferably with parent or carer present) (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?  |
|      |
| **PARENTS/CARERS VIEW** (what was their response and what action would parents like to see taken)  |
|      |
| **ANY WITNESSES?** (Note: if so do not discuss what the child has said, ask only if they are aware on any incident that has occurred involving the child and ask that they make a note of their account, sign and date)  |
|         |
| **IS THERE ANY CCTV FOOTAGE TO PROVE OR DISPROVE THE ALLEGATION?** (Please check this first and ensure a copy is kept)  |
|     |
| **HAVE THERE BEEN ANY HISTORIC ALLEGATIONS MADE BY THE CHILD?** (dates and outcomes)  |
|       |
| **HAVE THERE BEEN ANY HISTORIC ALLEGATIONS OR CONCERNS IN RELATIONS TO THE MEMBER OF STAFF?** (dates, what the allegation was and outcome)  |
|          |

**Office Use Only:**

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| **LADO ADVICE OR RESPONSE**  |
|           |
| **POLICE ADVICE OR RESPONSE**  |
|         |
| **HR ADVICE OR RESPONSE**  |
|        |
| **CHILDREN’S SOCIAL CARE ADVICE OR RESPONSE**  |
|          |

**Office use only:**

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

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

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