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

**Office use only:**

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

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

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