

# Referral to the Adult Local Authority Designated Officer (LADO)

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| --- |
| Referral date: |

## Details of Employee who is the subject of the allegation or concern

|  |  |
| --- | --- |
| Full name |  |
| Gender |  |
| Role/job title |  |
| Name of the setting where the adult usually works |  |
| Home address |  |
| Date of birth |  |
| Ethnicity |  |
| How long employed/volunteering? |  |
| Are there any pre-existing capability concerns regarding this member of staff (not necessarily safeguarding related)? |  |
| Does this person work with children or vulnerable adults in any other capacity? Please give details. |  |
| Have there been any previous allegations or concerns regarding this person?  *Please give details (use further notes section if required)* |  |
| Is the person aware that an allegation or concern has been raised?  *(use further notes section if required)* |  |

## The allegation or concern/complaint

|  |  |
| --- | --- |
| Please **summarise** the allegation or concern below – use the notes page or additional sheet if required | |
| Summary of concern cont./…. | |
| How did the allegation/concern emerge? |  |
| Do you know if the alleged incident witnessed? If so, please give details |  |
| Has anyone else been notified of this concern, such as the police/regulatory bodies? |  |
| What safeguards are in place **currently**? |  |

## Referrer’s details:

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Name of setting |  |
| Contact details (Tel) |  |
| Contact details (E-mail) |  |

|  |  |
| --- | --- |
| Referrers full name (print) |  |
| Referrer’s signature  *When sending by e-mail please use electronic signature if available* |  |