

# Fife Inter-agency Report of Harm Referral Form



Copies of this form can be located on the 'Staff Information and Training' page at:  
[www.fife.gov.uk](http://www.fife.gov.uk): [Adult-support and protection staff information and training](#)

**Is the adult in immediate danger  
or  
In need of immediate medical attention?  
Call 999 immediately and complete form later**

**If the adult is NOT in immediate danger:  
Call Adult Protection on 01383 602200  
AND  
Complete and email this form to:  
[sw.contactctr@fife.gov.uk](mailto:sw.contactctr@fife.gov.uk)**

**This form should be completed by anyone wishing to refer an adult  
at risk of harm**

- Complete as much as you know
- Do not delay reporting harm, even if you do not have access to all information
- The field boxes will expand as required

**The Adult Support and Protection (Scotland) Act 2007 defines “adults at risk” as individuals, aged 16 years or over, who:**

**REFERRED BY** **Are unable to safeguard their own wellbeing, property, rights or other interests, and**

- **Are at risk of harm; and**
- **Because they are affected by disability, mental disorder, illness or physical or mental infirmity;**

<b>Name and job title: (including any relevant reference no.)</b>	
<b>Agency/Dept:</b>	
<b>Contact details</b>	
<b>Address:</b> <b>Tel. No:</b> <b>E-mail address:</b> <b>Where relevant, date line manager notified:</b> <b>Date referred to Social Work:</b>	

<b>Details of Adult at Risk [Complete as much as you know]</b>							
<b>Name &amp; Address</b>	<b>Tel. No.</b>	<b>D.o.B.</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Known Disability</b>	<b>Religion</b>	<b>Language</b>

<b>Do you believe the adult at risk is capable of understanding what has happened to them?</b> (select appropriate answer) [You may need to use your own judgement to answer this]
<b>YES/NO/UNSURE</b>

<b>Have you (or any other person) told the adult at risk that this information will be shared with other relevant agencies?</b> (select appropriate answer) [You should tell the adult that you are making a referral and explain why. If this is not possible, make the referral anyway]
<b>YES/NO</b>

<b>Details of Nearest Relative/Next of Kin [Complete as much as you know]</b>				
<b>Name &amp; Address</b>	<b>Tel. No.</b>	<b>D.o.B.</b>	<b>Gender</b>	<b>Relationship to adult at risk</b>

<b>Name and contact details of any other persons involved (where known)</b> [Complete as much as you know]					
<b>GP</b>			<b>Community Nurse</b>		
<b>Social Worker</b>			<b>Housing Support Worker</b>		
<b>Residential Care Worker</b>			<b>Police</b>		
<b>Welfare Attorney/Guardian</b>			<b>Other</b>		

<p><b>Details of why you are making this referral</b> [What are your concerns? Make clear what is first-hand information and what you have been told by others. Identify the source of the information.] <b>Provide details of the situation where the adult is/was considered to be at risk.</b>  <b>Include TIME, DATE, LOCATION, plus own observations and information from witnesses. Detail the nature of your report of harm.</b></p>			

Type of harm you are concerned about [tick relevant box(es)]			
Financial	<input type="checkbox"/>	Self-injury	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	Self-neglect/Hoarding	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Self-poisoning (including overdose)	<input type="checkbox"/>
Psychological/emotional	<input type="checkbox"/>	Sexual	<input type="checkbox"/>
Radicalisation/Extremism	<input type="checkbox"/>		<input type="checkbox"/>

Details of other adults/children in the setting [There may be others at risk so supply as much information as you can. If you have concerns about others, this will require reporting/action too, e.g. 'Fife Child Concern Notification Form (Multi-Agency)]					
Full name	Address	D.o.B.	Gender	Ethnicity	Relationship to adult at risk

Details of person(s) alleged to be causing harm (where known) [Supply as much information as you can]						
Name	Address	Tel. No.	D.O.B.	Gender	Ethnicity	Nature of relationship to adult

<p><b>What action, other than this referral, have you taken to ensure the adult at risk is now safe?</b> [Indicate what you have done to reduce the risk and to safeguard the adult]</p>

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**Additional information and comments (include any known risks and identified warning markers for information of Partner Agencies etc.)** [This is information/intelligence that may be important for Social Work Services to be aware of prior to visit/assessment]

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### **Next steps**

You can get further advice about how and when to complete this form from your line manager or on our website at:

[www.fife.gov.uk](http://www.fife.gov.uk): [Adult support and protection staff information and training](#)

Acknowledgement will be sent to the referring agency within 5 days of receipt of this form.

An inquiry under the Adult Support and Protection (Scotland) Act 2007 will be undertaken which will establish if further action is required.