



BUCKINGHAMSHIRE COUNTY COUNCIL

SAFEGUARDING ENQUIRY REPORT

Care Act 2014
Section 42

Name of Service:

Name of Client/Patient:

(please list all clients/patients if more than one)

Details of Safeguarding Concern(s):

Process of enquiry:

Summary of wishes and desired outcomes of the adult:

Seriousness of Risk to the adult alleged to have been harmed:

Seriousness of Risk to the adult alleged to have caused harm:



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Evaluation of evidence:

Views of relevant others:

Describe whether the desired outcomes of the adult and/or their representative have been met, please explain how they have been met:

Recommendations, Timescales and Learning Outcomes:

Print Name & Signature of Person completing report:

Designation:

Date:

Print Name & Signature of Senior Manager signing off the report:

Designation:

Date: