



# TELL SOMEONE AND BE SAFE FORM

**This form is for you to fill out if you are worried that someone is harming you, or someone else, and you would like some help with this and/or want it to stop**



**Address**



**Home number**



**Mobile number**



**Email address**



**Are you or someone else being harmed?**  
(Please circle your answer)



**Yes**



**No**

**Do you want it to stop?**  
(Please circle your answer)



**Yes**



**No**

Are you OK if someone comes to see you to help?  
(Please circle your answer)



Yes



No

What do you want to happen about this?



If it is someone else you are worried about:

What is their name?



**Do you think this person would be OK with someone going to see them to help?**  
**(Please circle your answer)**



**Yes**



**No**

**What do you think they would like to happen about this?**



**Thank you!**



**Please give this form to someone that you trust...**



**A Care Worker or Social Worker**



**A Police Officer**

**This could be:**



**Your Doctor or Nurse**

**North  
Lincolnshire  
Council**

[www.northlincs.gov.uk](http://www.northlincs.gov.uk)

**Any Council Building**



**An Advocate**

# For the person receiving this form ONLY:

**Please scan the form onto a computer and email  
confidentially to:**

adultprotectionteam@northlincs.gov.uk

**--- PLEASE DELETE THE FORM AFTER EMAILING ---**

**You can also call the North Lincolnshire Safeguarding  
Adults Team with this information on:**

**Tel:** (01724) 297000  
Monday – Thursday 9am – 5pm  
Friday 9am – 4.30pm

**ABUSE IS WRONG!**

**YOU MUST ALWAYS TELL SOMEONE!**

**DO NOT IGNORE IT! REPORT IT!**



**North Lincolnshire Safeguarding Adults Board**

Website: [www.northlincssab.co.uk](http://www.northlincssab.co.uk)