



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

Any Council Building



An Advocate

For the person receiving this form ONLY:

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

safeguardingadultreferrals@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