| Date: |  | | Name and role of person completing this form: |  | |
| --- | --- | --- | --- | --- | --- |
| Name of Adult |  | | LADO Case Ref No : |  | |
|  | | | | | |
| **Outcomes** - was the allegation concluded as (please tick) : - | | | | | |
| ☐ **Substantiated**  A substantiated allegation is one which is supported or established by evidence or proof. | | ☐ **Unsubstantiated**  An unsubstantiated allegation is not the same as a false allegation. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence. | ☐ **Deliberately Invented or Malicious**  This implies a deliberate intention to deceive. A malicious allegation may be made by a child following an altercation with a member of staff or a parent who is in dispute with the organisation. For an allegation to be classified as malicious, it will be necessary to have evidence which proves this intention. | ☐ **False**  There is sufficient evidence to disprove the allegation. | ☐ **Unfounded**  There is no evidence or proper basis to support the allegation. |
|  | | | | | |
| **Reasoning**  Please provide full reasoning for making the decision above (this section must be completed). | | | | | |
|  | | | | | |
|  | | | | | |
| **Lessons Learnt**  Please provide detail of changes in practice / procedure that have been actioned as a consequence of this matter | | | | | |
|  | | | | | |

|  | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Was the person suspended? | ☐ No | ☐ Yes (please provide dates of suspension) | | | | | | |
| Were formal disciplinary proceedings taken? | ☐ No | ☐ Yes (please provide summary and disciplinary sanction) | | | | | | |
| Date matter was concluded by employer (either return to work date or dismissal date). | | Return to work date | | | | | Dismissal date | |
|  | | | | | | | | |
| Criteria met to refer to Disclosure and Barring Service?  <https://www.gov.uk/government/collections/dbs-referrals-guidance--2> | | ☐ No (person returned to work / remained in work, if person is no longer in employment please give reasoning for not disclosing to DBS) | | | | | | ☐ Yes (person dismissed / removed from regulated activity) |
| If referral to Disclosure and Barring Service made, please provide date and reference number / copy of DBS acknowledgement. | | | | | Date of Referral | DBS Reference No. | | |
| Acknowledgement attached ☐ | | |
| Referred to Regulatory Body (e.g. GMC / HCPC / TRA) | | | ☐ No | ☐ Yes (please provide details and date sent) | | | | |
|  | | | | | | | | |

Incomplete forms will be returned.