



**Referral Form for Concerns about Possible Abuse of a Vulnerable Adult**  
 Return this form as soon as possible (filling in as much as you can) to  
 Jeanette Plumb at [jeanette.plumb@bristoldiocese.org](mailto:jeanette.plumb@bristoldiocese.org) or to Church House  
 If it is urgent then phone the police or your local adult social care office.

Date of Referral:	
Name of Vulnerable Adult:	
Date of birth if known or approximate age + ethnicity:	
Their Address:	
Who they live with if known:	
What services they receive from agencies if known	
Their condition that makes them vulnerable:	
Your name & contact details, email & telephone:	
Your relationship or connection with the vulnerable adult:	
Your concerns and the reasons for them – in as much detail as possible, e.g. was there a disclosure or was it observations or suspicions:	
What type of abuse might it be? Mark any appropriate areas:	Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Neglect <input type="checkbox"/> Institutional <input type="checkbox"/> Psychological <input type="checkbox"/> Discriminatory <input type="checkbox"/>
Is the concern about domestic abuse or hate crime?	
Date the concerns came to light:	
Is the person aware of the referral?	