**Appendix 1:**

**Allegation, Complaint & Concern Against a Foster Carer**

**Referral Form**

|  |  |  |
| --- | --- | --- |
| Name of Foster Carer(s)Contact Details |  |  |
| Name of child(ren) placedDate of birth |  |  |
| Name of Children’s Social WorkerContact Details |  |
| Name of Supervising Social WorkerContact Details |  |
| Name of Reviewing OfficerContact Details |  |
| Referrer’s NameContact Details |  |
| Referrer’s line managerContact Details |  |

Do you consider this to be: (Please indicate)

|  |  |  |
| --- | --- | --- |
| Allegation | Concern | Complaint |

|  |
| --- |
| Details of the presenting issueBe specific, give dates and times if possible |
|  |

Is the foster carer aware that you are reporting these issues? Yes No

Date foster carer notified:

By whom:

|  |  |
| --- | --- |
| Completed By: | Signature: |
| Post: | Date: |
| Line Manager: | Signature: |
| Post: | Date: |
| Outcome of investigation of allegation or consideration of complaintInclude details of who was seen, what was said and any actions arising |
|  |

|  |
| --- |
| Manager’s Comments |
|  |

**For Fostering Service use only**

Date referral received:

Date recorded on Care First:

Date seen by Service Manager - Placements/Fostering Team Manager:

Name and signature of presiding Manager:

Date: