

## Concern Referral Form

Concerns about social workers can be submitted online through our website and will receive a reference number immediately. Should you have any difficulties using our website to submit a concern, please complete this form.

If you require this form in an alternative format or have any questions about the information we require, please email us at [enquiries@socialworkengland.org.uk](mailto:enquiries@socialworkengland.org.uk) or call us on 0808

1962274

### **Agreement to disclose**

When we receive information about a social worker, we have a legal duty under The Social Workers Regulations 2018 to investigate whether that social worker might pose a risk to the public or public confidence in social workers. As part of this process, we may need to disclose or share information about your concerns.

### **How we will handle your information**

We value working with you to keep people safe and your ongoing help is important to us.

We will handle any personal information you provide about yourself or about anyone else very carefully. You can read more about how we do this in our privacy policy and fitness to practise information handling guidance available on the following pages of our website:

<https://www.socialworkengland.org.uk/privacy>

<https://www.socialworkengland.org.uk/concerns/guidance-documents/how-we-use-personal-information>

### **Sharing your information**

We will usually share the details of your concerns and any other supporting information that you provide to the social workers concerned.

We may also need to share your concerns with other organisations, such as the police or other healthcare regulators.

When we have finished investigating your concerns, we may then need to share the details of your concerns, and other relevant information that we have gathered, with our case examiners and/or adjudicators.

### **Asking for more information**

We may need more information about your concerns, for example copies of any documents you have which may assist in considering your concern. We will only ask for information that is relevant to our investigation of your concerns.

### Next steps

If you have any concerns or specific requests about how your information will be used, please tell us now so we can take them into account:

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We will consider what you say, but we may still have to go ahead and use your information to help protect the public. If that happens, we will tell you as soon as possible.

Once we have received your concern, we may need to contact you for more information, for example a statement.

### Declaration

I have read the above and understand how my personal information will be used by Social Work England

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Please read this form carefully as you may not need to complete all sections.

### Are you completing this form on behalf of someone else?

If you're raising a concern for someone else, such as a friend or neighbour, please complete both **section A and B** below.

If you're acting for yourself or someone you look after including a child, please complete **section A** only.

### Section A – Information about you

If you're acting for yourself or someone you look after or you have completed the form on behalf of someone else, please provide information about yourself here.

We may need to contact you to ask for more information about your concern.

We will also use your contact details to keep you updated on investigations.

We will only share your contact details with officers working on behalf of Social Work England.

Name:	
Role (if relevant):	
Postal address:	
Email address:	
Telephone number:	
How would you prefer to be contacted? (please tick)	Post <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/>
Please tell us about any adjustments you may have, for example receiving information in an alternative format	

If you're completing this form on behalf of somebody else, please complete **section B** below, otherwise please complete **section C**.

## Section B – About the person you're acting for

We will need to contact this person and make sure that they're happy for you to act on their behalf. Please provide at least one way of contacting them.

Name:	
Postal Address:	
Email Address:	
Telephone number:	
How would they prefer us to contact them (please tick)	Post <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/>
What's the relationship between you and the person you're acting for?	
Why are you acting on their behalf?	
Please tell us about any adjustments they may have, for example receiving information in an alternative format.	

## Section C – Who is the complaint about?

Please provide as many details as you can about the social worker(s) involved in your concern here to help us identify them.

If you are unsure of the social worker's registration number, please leave the field blank.

### Social worker 1

Social worker's name:	
Social worker registration number: (if known)	
Social worker's date of birth:	

(if known)	
Employer name:	
Employer address:	
Social worker's home address: (if known)	
If you do not know the social worker's name / registration number, please provide us with information that could help us identify them, such as any contact details you may have or a description of them.	
Have you raised this with the social worker in question?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide more details:	

If your concern relates to more than one social worker please fill in the section below, otherwise go to **section D**.

## Social worker 2

Social worker's name:	
Social worker registration number: (if known)	
Social worker's date of birth: (if known)	
Employer name:	
Employer address:	
Social worker's home address: (if known)	
If you do not know the social worker's name / registration number, please provide us with information that could help us identify them, such as any contact details you may have or a description of them.	
Have you raised this with the social worker in question?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

If yes, please provide more details:	
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If your concern relates to more than two social workers, please use an additional sheet to provide their details.

## Section D – What happened?

Please tell us about the events that have led to your concern. We need accurate information to look at your concern and, if appropriate, do something about it.

Please describe what happened in as much detail as possible. Make sure the information you provide is relevant and complete so we can act and respond quickly.

Please include:

- **When it happened** – please include dates and times where possible
- **Where it happened** – please be as specific as possible
- **Who saw what happened** – let us know who saw what happened
- **The impact of what happened** – do you believe harm was caused as a result of actions, or lack of actions, taken by the social worker?

Please use additional sheets if necessary and provide copies of any documents you have which may help us investigate the concern.

Details of event:

## Section E – Witness details

Please provide the details of anyone who saw what happened. If there were no witnesses, please complete **section F**.

Please note that where you provide contact information for witnesses, we may contact them first without telling you. Their identity and contact details will not be shared anywhere else or for any other reason.

Please use an additional sheet, if necessary.

### Witness 1

Witness's name:	
Who are they? (are they a friend, family member, health care professional?)	
How are they involved?	
Correspondence address:	
Telephone number:	
Email address:	

If there was more than one witness, please complete page 8 and use additional sheets where necessary, otherwise, please complete **section F**.



## Witness 2

Witness's name:	
Who are they? (are they a friend, family member, health care professional?)	
How are they involved?	
Correspondence address:	
Telephone number:	
Email address:	

## Section F – Complaints made to the social worker's place of work

Did you make a complaint to the social worker's place of work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, why did you not feel able to involve the social worker's place of work?		
If you did make a complaint, who did you contact?:		
Their job title:		

Their email address:	
Their postal address:	
Telephone number:	
How did the organisation respond?	
Have you contacted any other organisation regarding this concern? If yes, please provide details.	

## Declaration

- To the best of my knowledge, the information I have given is complete and accurate.
- I understand that Social Work England may require further information from me/my organisation to investigate the concern I have raised.
- I understand that Social Work England may share details of my concern, and any supporting information that I provide, with the social worker and any other relevant parties, where deemed appropriate.

Signed:	Date:
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This form and any supporting documents can be posted to:

Social Work England – Triage Team  
1 North Bank  
Blonk Street  
Sheffield  
S3 8JY

or emailed to:

[enquiries@socialworkengland.org.uk](mailto:enquiries@socialworkengland.org.uk)

Thank you for completing this form. We will be in contact with you soon to confirm receipt of your concern and inform you of the case reference number.