ADVOCACY ACTION FORM

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1. Personal Information

- Full Name of the Person Affected: _____
- Date of Birth (if applicable): _____
- Contact Details (if appropriate): _____
- Advocate Name (if applicable): _____
- Relationship to the Person (e.g., Parent, Carer, Friend, Advocate, Self-Reporting): _____

2. Details of the Concern

- Date & Time of Incident: _____
- Location of Incident: _____
- Story Number(s) from the Book That Relates to the Situation: _____
- Summary of Concern (Describe in Your Own Words):

3. Who Have You Spoken With?

- Name(s) of People You Have Reported This To: _____
- Role/Position(e.g., Care Home Manager, Social Worker, Advocate, Legal Representative): _____
- Organisation Name (if applicable): _____
- Official Helpline/Support Number Used (if applicable): _____
- Name of the Person You Spoke With: _____
- Date & Time of Conversation: _____

Summary of Discussion:

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4. Follow-Up Actions Taken

- What Actions Have Been Taken So Far? (E.g., Formal Complaint, Legal Advice Sought, Internal Investigation, External Safeguarding Referral)

- Have Any Safeguarding Processes Been Followed? (Yes/No) _____
  - If yes, describe the steps taken:

- Have Any Legal Processes Been Followed? (Yes/No) _____
  - If yes, describe the legal actions taken:

5. Next Steps & Outcome Tracking

- What Needs to Happen Next? (Further Investigation, Legal Action, Support Services Contacted, etc.)

- Who Is Responsible for Following Up? _____
- Next Meeting/Follow-Up Date (if applicable): _____

6. Additional Notes