# Professionals Concerns Resolutions Notifications and Outcomes Form

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| --- | --- |
| Date:  |  |
| Name of Child:  |  |
| DOB:  |  |
| NHS number:  |  |
| Practitioner:  |  |
| Agency/Team: |  |

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| --- |
| **Summary of Concerns, including the specific difference/s which has resulted in utilising the Escalation process:** (It is important that you provide information that details how you have made every effort to resolve this matter at a local level within Stages 1 & 2)  |
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| --- |
| Current Stage in the Escalation Process: |
| Choose a stage |

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| --- |
| Requested Action: |
|  |

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| --- |
| Response: |
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| --- |
| Resolution of Issues: |
|  |

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| --- |
| Actions Taken to Resolve the Professional Disagreement: |
|  |

Please send a copy to the Stoke-on-Trent Safeguarding Children Partnership at stages 3 to 5. Once complete send **SECURELY** to: SSCP.Information@stoke.gov.uk

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