**STAGE 1 – Escalation Form (Team Manager)**

Response expected within 5 calendar days

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| **IRO raising Alert:** |  |
| **Date of Alert:** |  |
| **Team Manager:** |  |

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| --- | --- | --- | --- |
| Name of child: |  | DoB: |  |
| Social Worker: |  | Manager: |  |

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| **Summary of Independent Chair Concern(s):** |

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| **Requested Action:** |

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| **Response by Team Manager:**  **Date:** |

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| **Resolution of Alert (recorded by Independent Chair):** (***If not resolved, progress to Stage 2)***  **Date:** |