

**Appendix 2: Escalation & dispute Resolution Template**

(To be used when concerns are escalated to stage 3 and 4)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pin No.****e.g.(mosaic, liquid logic)** | **Name of Unborn/Child/ Children:** | **Date of Birth:** | **Department & name/position of practitioner escalating** | **Agency (with which there is a concern) & name of practitioner/position:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Escalated to****(name & position)** | **Stage 3 or 4** | **Date of escalation** | **Escalated to within partner agency (name & position)** | **Date of escalation** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Brief description of nature of concern:** |
|  |

|  |
| --- |
| **Outcomes sought:** |
|  |

|  |
| --- |
| **Update from each stage of Escalation:** |
|  |

**Name of Referrer: ………………………………………………………………………………………………**

**Agency / Department: …………………………………………………………………………………………**

**Telephone number: …………………………… Email: …………………………………………………...**

**Signature: …………..…………………………... Date: ………………………………………………**

Derby & Derbyshire Safeguarding Children Partnership Email for Stage 4: ddscp@derby.gov.uk