

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

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

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| **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:** |
|  |  |  |  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Escalated to**  **(name & position)** | **Stage 3 or 4** | **Date of escalation** | **Escalated to within partner agency (name & position)** | **Date of escalation** |
|  |  |  |  |  |
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| **Brief description of nature of concern:** |
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| **Outcomes sought:** |
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| **Update from each stage of Escalation:** |
|  |

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

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

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

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

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