

**GSCP ESCALATION AND CHALLENGE PROTOCOL PRO-FORMA**

**Stage 4**

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| **Name and designation of Referrer** |  |
| **Contact Details of Referrer** |  |
| **Date information passed to GSCP Business Manager** |  |

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| **Reason for implementing the GSCP Escalation and Challenge Protocol (to be completed by the referrer)** |
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| **Stage 1 - Resolution by Line Manager (this is to be completed by the professional making the referral to the GSCP Business Manager)** |
| **Actions Taken** |
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| **Outcome/Impact** |
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| **Stage 2 – Resolution by Senior Manager** |
| **Action taken** |
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| **Outcome/Impact** |
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| **What is the learning from this action and how will it be shared?** |
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| **Stage 3 – Resolution by Head of Service (or equivalent)** |
| **Action Taken** |
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| **Outcome/Impact** |
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| **What learning is identified?** |
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Date Complete ……………………………………………………………………………………

Signed ……………………………………………………………………………………