

Inter-Agency Escalation Notice

This form is ONLY to be completed if Stages 1-4 have been unsuccessful in resolving a professional disagreement via escalation through line management structures within the organisations

Agency Issuing Escalation Notice	Agency receiving Escalation Notice

Name of Child(ren)/Young Person (people)	Date of Birth

Please document the original concern or professional disagreement

Please provide an overview of attempts at professional resolution and how the matter has been escalated

Signed: Date:
.....

Name: Role:
.....

DUDLEY SAFEGUARDING CHILDREN BOARD
Part D, Appendix N
Professional Resolution and Escalation Procedure

Please provide an account of how the matter was resolved	

Date of Resolution	Level of Resolution

Issues raised and lessons learnt

Completed By:

Date referred to DSCB Chair:

Outcome of Mediation