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| **CYPS Informal Dispute Resolution Form** |
| **Date of Alert** |  |
| **Name of Child** |  | **Child’s Azeus Number** |  |
| **From Worker & Service** |  | **To Worker & Service** |  |
| **Allocated Social Worker** |  | **Service / Team Manager** |  |

INFORMAL Stage

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| ***Dispute Resolution Category*** | Tick if applicable | ***Dispute Resolution Category*** | Tick if applicable |
| Statutory / IRO Handbook /Working Together requirements for the child not met: |  | Staff Turnover/Sickness |  |
| Care / Child Protection Plan Implementation |  | Dispute around the provision of services |  |
| Voice of the Child/Young Person |  | Concerns about the Placement |  |
| Concerns regarding young person’s safety |  | Review Decisions outstanding |  |
| Health Issues |  | Life Story / Later Life Letters Arrangements |  |
| Education Issues |  | Staying Put Arrangements |  |
| Issues around contact with family members |  | Other *(please specifiy)* |  |

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| **Summary of Concern(s) including any background and action already taken** |
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| **Requested action with timescale not to be longer than 5 working days for any stage**  |
| *Action Required* | *Timescale to be completed by* |
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Response expected within 5 calendar days.

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| **Response by Receiving Manager (including actions taken/outcome/impact)**  |
|  |
| **Date** |  |  **Name & Designation** |  |

Response expected within 5 calendar days.

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| **Resolution of Alert (recorded by instigator)** (***If not resolved, re-escalate to appropriate management level or state what further action is needed with timescale)***  |
|  |
| **Date** |  |  **Name & Designation** |  |

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| **Date finished and saved by Instigator of Alert – copy to be sent to SM & QA Inbox for entry onto tracker** |
| **Date** |  |  **Name & Designation** |  |