**PRACTICE ISSUE RAISED BY INDEPENDENT REVIEWING OFFICER**

**– Informal Stage**

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| --- |
| **Name of IRO: Name of Social Worker:**  **Name of Family Involved (if relevant):**  **Date Issue Raised and with whom:**  **Details of the Issues Raised:**  **Proposed Actions (including timescales):**  **Outcome (including dates):**  **Signed: Date:** |