Record of escalation of concern regarding an adult with care and support needs at risk/ experiencing abuse or neglect (extracted from 2015 Adults Escalation Policy)

|  |  |  |
| --- | --- | --- |
| **Adult’s name:** | |  |
| **Date of Birth:** | |  |
| **Frameworki reference (if known):** | |  |
|  | | |
| **ESCALATION OF CONCERN REGARDING AN ADULT** | | |
| **Date of escalation:** |  | |
| **Brief description of concern and outcome sought:** | | |
|  | | |
| **Is this a concern about process?**  **Yes/No – delete as appropriate** | | **Is this a complaint about professional handing of case?**  **Yes/No – delete as appropriate** |
|  | | |
| **Matter escalated by:** | **Name** |  |
| **Job title** |  |
| **Agency** |  |
| **Matter escalated to:** | **Name** |  |
| **Job title** |  |
| **Agency** |  |
|  | | |
| **RESPONSE** | | |
| **Response from:** | **Name** |  |
| **Job title** |  |
| **Agency** |  |
| **Date of response:** |  | |
| **Brief description of response:** | | |
|  | | |
|  | | |
| **OUTCOME** | | |
| **Outcome of escalation:** | | |
|  | | |

The completed form should be completed and emailed to line manager (or as per own organisation guidance) within 2 working days of the Escalating Concern