**CONCERNS REGARDING INTER-AGENCY SAFEGUARDING PRACTICE (CRISP) FORM**

|  |  |
| --- | --- |
| **NAME OF PERSON RAISING CONCERN:** |  |
| **ORGANISATION:**  |  |
| **CONTACT NUMBER/EMAIL:** |  | **DATE:** |  |

|  |  |
| --- | --- |
| **Name of Child/Adult at Risk:**  |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Name(s) and Dates of Birth of Parent(s)/Carer(s):** |  |
| **WHAT IS THE DISAGREEMENT OR CONCERN?** |
|  |
| **WHAT IS THE OUTCOME THAT YOU ARE LOOKING FOR?** |
|  |
| **AGENCY/AGENCIES REQUIRED TO RESPOND:** |
|  |
| **STAGE 1 OUTCOME (to be recorded by the person who raised the concern)** |
|  |
| **RESOLUTION REACHED (YES/NO):** |  |

**If YES, save this form in the person’s file.**

**If NO, proceed to Stage 2.**

|  |
| --- |
| **NAME OF PERSON DEALING WITH THE STAGE 2 CONCERN:** |
|  |
| **NAME OF PERSON RESPONDING TO THE STAGE 2 CONCERN:** |
|  |
| **STAGE 2 OUTCOME:** |
|  |
| **RESOLUTION REACHED (YES/NO):** |  |

**If YES, save this form in the person’s file.**

**If NO, proceed to Stage 3 and send this form to the CTMSB Business Unit.**

|  |  |
| --- | --- |
| **DATE SUBMITTED TO THE BUSINESS UNIT:** |  |
| **DATE FORM SHARED WITH THE RESPONDING AGENCY:** |  |

**STAGE 3 - TO BE COMPLETED BY RESPONDING AGENCY WITHIN 10 WORKING DAYS OF RECEIPT**

|  |  |
| --- | --- |
| **NAME OF PERSON RESPONDING:** |  |
| **ORGANISATION:**  |  |
| **CONTACT NUMBER:** |  | **DATE:** |  |
| **RESPONSE:** |
|  |

**STAGE 3 RESOLUTION - TO BE COMPLETED BY THE BUSINESS UNIT**

|  |  |
| --- | --- |
| **DATE FEEDACK SENT TO AGENCIES CONCERNED:** |  |
| **RESOLUTION REACHED (YES/NO):** |  |
| **IF YES, NAME OF PERSON ACCEPTING THE RESPONSE:** |  |

**IF RESPONSE IS NOT SATISFACTORY ESCALATE TO STAGE 4**

|  |
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| **STAGE 4 OUTCOME AND FOLLOW ON ACTIONS:** |
|  |