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| Professional and agency raising the challenge: |  | Date the challenge was raised: |  |
| Professional and agency receiving the challenge: |  | Date resolution was reached: |  |
| Child / Young Person Name and DOB: |  |
|  |
| Details of the challenge:(E.g. Reasons why the practice is unsafe for children, what needs to change for the child and how it is having an impact on them) | Details of the Resolution / agreement: |
|  |  |