**Form for submitting cases for escalation and resolution to the West of Berkshire Safeguarding Adults Partnership Board (SAB) – Stage 4**

Please ensure that you have considered [“**Resolving Professional Disagreements in cases that meet the statutory criteria for Safeguarding Adults”**](http://www.sabberkshirewest.co.uk/media/1532/resolving-professional-disagreements-in-cases-that-meet-the-statutory-criteria-for-safeguarding-adults-v10.pdf) before completing the form

**Only cases that meet the statutory criteria for safeguarding adults can be considered for this process.**

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| **Name of Adult:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Local Authority Area:** |  |
| **Name of Manager who escalated concern at Step 2, Role and Agency:** |  |
| **Name of Manager who escalated concern at Step 3, Role and Agency:** |  |
| **Date that Step 3 was concluded** |  |
| **Name of Board Members, Roles and Agencies Involved:** |  |
| **Brief details about the disagreement:** |  |
| **What was the methodology used to resolve the disagreement?** |  |
| **Views of the adult at risk:** |  |
| **Please submit this form to:** | [Lynne.Mason@Reading.gov.uk](mailto:Lynne.Mason@Reading.gov.uk) |