**Contract Performance & Quality Team** 

**Suspension / Termination Request**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service Type: |  | | | Address: | | |  | | | | |
| Organisation Name: |  | | | Registered / Operational Manager: | | |  | | | | |
| Contract Performance & Quality Manager / Officer: |  | | | Contact Details: Tel and email | | |  | | | | |
| Assistant City Manager: |  | | | Announced or Unannounced Review | | | Announced | |  | Unannounced |  |
| Date and Time of Review: |  | | | Manager / Officer recommendation | | | |  | | | |
| Head of Service confirmation | | | |  | | | |
| Service Outcome or Performance issue | | Evidence; | | | | | | Risk Rating; | | | |
| Will a follow up visit be required | |  | | | Date of Follow up Visit: | | |  | | | |
| Alert to Safeguarding (Yes/No) | | | Alert to Care Quality Commission (Yes/No) | | | Alert to Others (please specify) | | | | | |