**To:** [ASCContractsPerformance&Quality@hullcc.gov.uk](mailto:ASCContractsPerformance&Quality@hullcc.gov.uk)

**CC:** Contracts Performance & Quality Manager, Dementia Academy

**Subject:** Referral - CPQT Concerns Form - (Name of care home)

**Importance:** High (Read/ delivery receipt)

Good morning/ afternoon,

Please find attached referral/ CPQT concerns form regarding (Name of care home), for your attention.

Kind regards

*##### #######*

**##### #######**

Dementia Care Mapper

**Contract Performance & Quality Team**

**Dementia Mapping Service**

Adult Social Care

Hull City Council

Buckingham Street Day Centre

Buckingham Street

Hull HU8 8UG

Tel: 01482 61####

Mob: 0##### ######

Email: ##########[@hullcc.gov.uk](mailto:debbie.burton@hullcc.gov.uk)

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*‘A Life not a Service’*

