**To:** 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

Website: [www.hullcc.gov.uk](http://www.hullcc.gov.uk/)

*‘A Life not a Service’*

