COMPACT RESOLUTION ENQUIRY FORM

Ref:

Staffordshire Strategic Partnership

Name: **Organisation Name:** **Contact Details:**	

Organisation with which there is a disagreement:	

Under which Compact Code of Practice does the disagreement fall? **(please tick as appropriate)**	**Capacity Building**	☐
	Consultation and Policy	☐
	Equality and Diversity	☐
	Funding, Commissioning and procurement	☐
	Volunteering	☐

Details of the concern (please continue on the back if necessary)

Date: ……..

Compact Mediation Group (CMG) convened? Yes ☐ **No** ☐

CMG Member Name	Organisation

Decision and action taken:

Outcome: