

**Representations about a Warning Notice served by the Care Quality Commission**

Please fill in **all parts** of this form.

|  |  |
| --- | --- |
| **Provider:** |  |
| **Reference number on Notice:** |  |
| **Regulated activity/activities:** |  |
| **Date of Warning Notice:** |  |

If you are sending warning notice representations by post, please send to:

Care Quality Commission

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

If you are sending by email, please send to:

[HSCA\_Representations@cqc.org.uk](mailto:HSCA_Representations@cqc.org.uk)

Please note:

You must submit your full representations within **10 working days** of service of a warning notice.

Please do not use this form to make comments about the factual accuracy of a draft inspection report. This is a separate process to making representations about a warning notice.

Please see information on CQC’s website about the factual accuracy process: <https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/factual-accuracy-check>

I/we wish to make the following representations:

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| --- |
|  |

Please continue on additional numbered sheets (box will expand if used on a computer)

|  |  |
| --- | --- |
| **Completed by (name(s))** |  |
| **Position(s)** |  |
| **Date** |  |
| Continued … | |