



C01 Notification of Complaint

Thank you for submitting your notification. Below is a copy of the information provided in your notification. If there are any issues, please contact your [Regulatory Authority](#) for assistance.

Notification of Complaints

Provider

Provider Name	CHABAD ACT LIMITED
Provider Number	PR-40001919
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	My Little Star Early Learning Centre
Service Approval Number	SE-00014279
Service Approval Status	Approved

Complaint Details

Please select the relevant notification and provide/attach the information required	Complaint alleging that a serious incident has occurred or is occurring
Please supply the following information: - Complainant name and contact details	p01 p01 Email: p01 Mobile: P03
Please supply the following information: - Date complaint received - Copy of written complaint (or written summary) and any other relevant documentation (including correspondence, photographs, statements, etc) - Steps taken/actions planned by approved provider in response to the complaint	Information recorded on the attached word document as it exceeds the 8000 characters allowed.
Please upload any relevant documentation	
p0p01 complaint.docx	Complaint and email thread



Child Details

Child's Name	p0p01
Child's Gender	Male
Child's Date of Birth	P02

Contact Details

Name	p01 p01
Phone Number	P03
Email Address	P03