



## 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	EDGE EARLY LEARNING ACT PTY LTD
Provider Number	PR-40029018
Provider Approval Status	Approved

#### Service

Service Legal Entity Name	Edge Early Learning ACT Pty Ltd
Service Trading Name	Edge Early Learning Charnwood
Service Approval Number	SE-40014603
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 P03 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	P01 approached P01 (educator) and told her that an Educator had hurt her pointing to P01. P01 disclosed that "she squeezed my arm" and demonstrated it on her own arm.
Please upload any relevant documentation	

Complaint Record Form 12.03.25.pdf	Complaint Record Form 12.03.25
P01 P01 Incident Report 12.03.25.pdf	P01 P01 Incident Report 12.03.25
12.03.2025 P01 P01.pdf	12.03.2025 P01 P01

Submitted By: P01 P01



12.03.2025 P01 (P01) P01 .pdf 12.03.2025 P01 (P01) P01

## Child Details

Child's Name	P01 P01
Child's Gender	Female
Child's Date of Birth	P02

## Contact Details

Name	P0 P01
Phone Number	P03
Email Address	P03