



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	Goodstart Early Learning Ltd
Provider Number	PR-00001129
Provider Approval Status	Approved

Service

Service Legal Entity Name	Goodstart Early Learning ANU
Service Trading Name	Goodstart Early Learning ANU
Service Approval Number	SE-40009242
Service Approval Status	Approved

Complaint Details

Please select the relevant notification and provide/attach the information required	Complaints alleging that the Law has been contravened
Please supply the following information: - Complainant name and contact details	P01 P01 - 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	<p>On 29/08/2024 Goodstart Centre Support received a parent complaint. The parent shared that on the morning of 29/08/2024 she asked the educators if they knew how her child, P01 P01 had sustained a red mark around his neck. P01 wears a bib regularly. The educator did not know, but offered the parent some cream to soothe P01 neck. Later on in the day, another educator called the parent to inform them that on 28/08/2024 some string was around P01 neck. The parent raised concerns around if there was no red mark, then she would not be aware of the incident. P01 did not require medical attention for the string incident.</p> <p>The parent also raised concerns surrounding P01 allegedly not receiving a dose of his medication one day due to the head teacher not being present.</p>
Please upload any relevant documentation	

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Incident report requested

Submitted By: P01 P01



Child Details

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

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03