



213A
EDU

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	Capital Region Community Service Limited
Provider Number	PR-00005807
Provider Approval Status	Approved

Service

Service Legal Entity Name	Belconnen Community Services Inc
Service Trading Name	Florey OSHC Program
Service Approval Number	SE-00009674
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	Following up on the NOT-001151149 notification
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	Additional information for NOT-001151149 notification
Please upload any relevant documentation	Documents to be submitted later.

Contact Details

Name	P0P01
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Submitted By: P0P01



ACT
Government
Education

Notification Number: **NOT-00116497**
Date generated: 5/02/2025

Phone Number

P03

Email Address

P0

Submitted By: P0 P01