



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	
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	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	Complaint received 7 October 2022 See attached complaint The Director of the Service is on leave on the 10 October so we will discuss this complaint and provide further information when she returns on the 11 October P01 will be contacted on Monday 10 October by the Executive Manager of Education and Care
Please upload any relevant documentation	

Complaint.pdf

Complaint



Child Details

Child's Name	<u>P01</u> <u>P01</u> [REDACTED]
Child's Gender	Male
Child's Date of Birth	<u>P02</u> [REDACTED]

Contact Details

Name	<u>P01</u> <u>P01</u> [REDACTED]
Phone Number	<u>P03</u> [REDACTED]
Email Address	<u>P03</u> [REDACTED]