



## 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	This is a follow-up on case NOT-00109309
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	This is a follow-up on case NOT-00109309.
Please upload any relevant documentation	

Working Directly with Children Record - 13.1.25.pdf	Working Directly with Children Record
Children attendance report - 13.1.2025.pdf	Children attendance record-13.1.25
Response 2 and 3 Strategies .pdf	Relevant information to response in 2 & 3

Submitted By: **POP01**



Summary of Parent Conversations and Incident Follow.pdf

Summary conversations with Parents and Educators

## Child Details

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

## Contact Details

Name	P0 P01
Phone Number	P03
Email Address	P0