

Complaint notification

Children's Services Act 1996, Children's Services Regulations 2009

This form must be completed and sent to the relevant regional office of the Department of Education and Training when a complaint has been received by the children's service alleging that:

- the health, safety or wellbeing of any child being cared for or educated by the service may have been compromised; or
- there has been a contravention of the Children's Services Act 1996 or Children's Services Regulations 2009 (regulation 105).

Contact details for Regional Offices can be found at www.education.vic.gov.au

Notification of a complaint alleging that (select): The health, safety or wellbeing of any child being cared for or educated by the service may have been compromised.
There has been a contravention of the <i>Children's Services Act 1996</i> or Children's Services Regulations 2009.
Reporting requirements The prescribed manner for notifying the Secretary or delegate is by telephone within 48 hours followed by written notification as soon as practicable.
Service details
1. Name of Proprietor: Licence ID:
2. Name of Service:
3. Address: Postcode:
4. Name of contact person: Phone number:
5. Email address:
Notifier details
6. Name:
7. Phone number (if not an employee of the service):
8. The notifier is the:
Other (specify)
Notification details
9. When was the licensed children's service notified of the complaint?
Date:/ Time::am / pm
Verbally □ By telephone □ In writing □
10. When was the department notified of the complaint by telephone?
Date:/ Time: am / pm
Name of the person who made the notification:

Privacy The Secretary to the Department of Education and Training is committed to responsible and fair handling of personal information, consistent with the *Information Privacy Act 2001 (Vic)*, the *Health Records Act 2001 (Vic)* and other statutory obligations including obligations under the *Children's Services Act 1996 (Vic)*. The Department of Education and Training may need to disclose your personal information to other State and Commonwealth agencies to check or confirm the information you have provided. You can request access to or update your personal information by contacting us. Our information privacy policy is available at www.education.vic.gov.au.



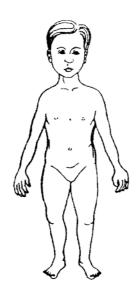
Cor	nplainant details	
11.	Name:	
12.	Phone number (if not an em	ployee of the service):
13.	The complainant is the:	☐Parent/Guardian of a child attending the service
		Other (specify)
	5	
14. 1	Details of the complaint	
15.	How was the complaint dealt service as of result of the com	with - include details of response to the complainant and any changes made to at the applaint (If more space is required, please attach an additional clearly labelled page)

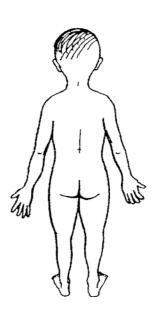
Details of any children involved

If the notification relates to the health, safety or wellbeing of any child(ren) being cared for or educated by the service possibly being compromised please complete this section (if more space is required, please attach an additional clearly labelled page)

16.	First name:	Family Name:
17.	Date of birth://	
18.	What were the child(ren) doing at the time?	
19.	Was the child(ren) harmed in any way? (plea	

20. Please indicate where the child(ren) were injured (if applicable):





」A 	Applied first aid (provide detai	ils) 			
 7 c	 Called parents	Time: am / pm			
	Other* (provide details)	Time: am / pm			
_ ~	other (provide details)	11110. <u></u> 41117 pm			
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ni	Are the child(ren) still atter Yes No (if no, date child(ren) with bers of children pres How many children were p	t Notification form Inding the service? Idrawn and why) Sent Present in the area where the	ne incident occurred?		
ni	Are the child(ren) still atter Yes No (if no, date child(ren) with	t Notification form Inding the service? Idrawn and why)	ne incident occurred? Over 3 years		
leas	Are the child(ren) still atter Yes No (if no, date child(ren) with bers of children pres How many children were per 3 Years:	t Notification form Inding the service? Idrawn and why) Idrawn and why)	ne incident occurred? Over 3 years e at the time?		
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5.	What are the name(s) of all persons* present aid training).	who observed the incident? (please indicate which staff member(s) had first
•	What were the staff member(s) who observed	d, or were involved in, the incident doing at the time?
	What are the names and qualifications of the the staff roster).	staff members present at the service at the time? (you may attach a copy of
Nan	ne	Qualification/s

29. Total number of staff members: for the purposes of this question qualified means a teaching s	staff member or a staff member that has successfully completed a 2 year full time,
or part time equivalent, post secondary early childhood qualifi approved by the Secretary	ication or for OSHC, a post secondary child care or youth recreation qualification
Equipment	
30. Details of any products/structures/equipment inv	rolved
31. Date of the last equipment maintenance check y	rou conducted (if equipment involved)://

Draw a plan indicating where the event occurred and where the children and staff members were positioned

Declaration and signature

- **32.** I declare/certify that:
 - the information in this complaint notification and any attachments are true and correct

The	following	people can	sian	this	form:
	.00119	peopie eaii	0.9		

- The owner of the service
- The licensee representative
- The primary nominee

Signature	Printed name	Position	Date
X			

DET Office use only:	
Received by:	Received: / /
Was the notification to the Department within the prescril	bed timelines