

# 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](http://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 *Children's Services Act 1996* 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:  Licensee  Primary nominee  Nominee  Other employee  
 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: .....

Name of the person you spoke to (if known): .....



## 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?

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19. Was the child(ren) harmed in any way? *(please provide details)*

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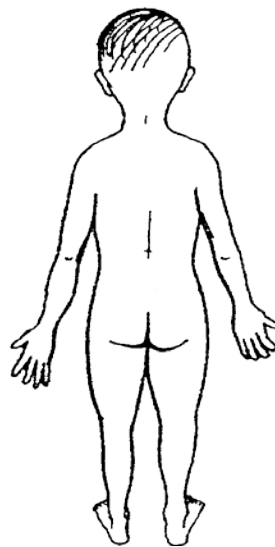
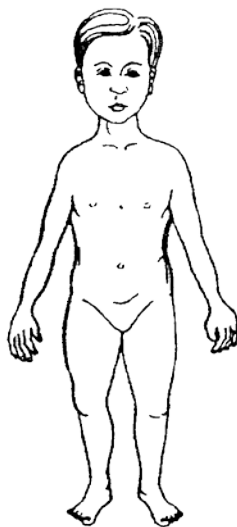
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20. Please indicate where the child(ren) were injured *(if applicable)*:



21. What actions were taken by the service?

Applied first aid (provide details)

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Called parents                      Time: .... am / pm

Other\* (provide details)              Time: .... am / pm

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\* If emergency services were required to attend or the child required the attention of a registered medical practitioner or admission to hospital please complete the Serious Incident Notification form

22. Are the child(ren) still attending the service?

Yes

No (if no, date child(ren) withdrawn and why)      ..... / ..... / .....

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**Numbers of children present**

23. How many children were present in the area where the incident occurred?

Under 3 Years: .....

Over 3 years: .....

24. How many children were present in total at the service at the time?

Under 3 Years: .....

Over 3 years: .....

**Staffing details**

25. If the complaint is about staff member(s) of the service, what are the names of those staff member(s)?

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**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 sign this form:

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

Signature

Printed name

Position

Date

### DET Office use only:

Received by:

Received: / /

Was the notification to the Department within the prescribed timelines  Yes

No