Complaints Form



Participant deta	ails		
Participant n	ame		
Complaint metl	hod		
Via this form	Via the website	Direct to practitioner	To a Prag Consulting Director (phone or email)
Complainant de	etails		
Who is making this co	omplaint?		
Participant	Name		Phone
Plan nominee	Name		Phone
Other (please spe	cify) Name		Phone
What happened?			
Which Prag staff were	e involved (if any)?		
What would you like	to happen next? What	could Prag Consulting do to	o resolve your complaint?

Thank you for taking the time to complete this form. Please submit to info@pragconsulting.com.au. Prag Consulting will be in contact with you within three working days.