



**COMPLAINT
AUTHORISATION FOR A REPRESENTATIVE TO ACT ON YOUR BEHALF**

Name:		Subject Address:	
Address:			
Email Address:		Ref. No.	

Name of Agent/Representative:

Address of Agent/Representative:

Telephone Number:

Email Address:

Nature of Representation: (e.g. relative, friend, advocate, legal adviser):

I authorise the above named to make a complaint and/or act on my behalf in relation to the complaint.

This authorisation is only for the purpose of this complaint.

Your Signature:

Date: