

## 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:<br>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:   |  |                  |  |