## REPRESENTATIVE AUTHORITY FORM



Case reference:	3					
behalf. You cou	ıld ask a frier vill charge yo	nd, relative or a u for this. You	nother service p	r person to act o provider but che ancel this autho	ck first	
About you:						
Title (Mr/Mrs/Ms/Dr): You		r first name:		Your last name:		
Your full posta	l address:					
Your email add	dress:	Your telepl	none number:	Alternate tel	ephone number:	
I/We autho	rise (The	Complainar	nt):			
Representative	title:	First n	ame:	Last name:		
Full postal add	lress:					
Email address:		Telephone	number:	Alternate tele	phone number:	
To not an area h	abalf in valat					
To act on my b	enair in reiat	ion to my com	piaint about:			
to have been	given to me/		nfirm the repres	sentative will be sentative is entit		
Signature 1						
Print name						
Date						