

## **REPRESENTATIVE AUTHORITY FORM**

Case referenc	e:				
behalf. You co whether they	uld ask a frien	d, relative or u for this. You	another servi u can change o	ther person to a ce provider but o or cancel this aut	check first
About you:					
Title (Mr/Mrs/Ms	rs/Ms/Dr): Your first name		Υ	Your last name:	
Your full post	al address:				
Your email ac	ldress:	Your teleph	one number:	Alternate tele	ephone number:
I/We autho	orise:				
Representative title:		First name:		Last name:	
Full postal ad	dress:				
Email address:		Telephone I	Telephone number:		phone number:
To act on my	behalf in relati	on to my con	nplaint about:		
	and that any in given to me/u		ven to my repi	resentative will l	be deemed
Signature 1			Signature 2		
Print name			Print name		=
Date					