

# Ombudsman Western Australia

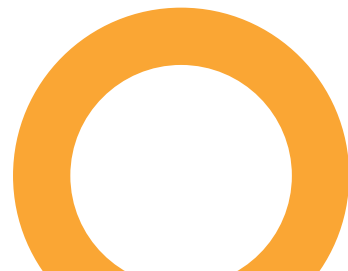
## Authority to Act Form

Our Ref:

I, \_\_\_\_\_ *[Full Name]*  
of \_\_\_\_\_ *[Address]*  
appoint \_\_\_\_\_ *[Representative's Name]*  
to act for me regarding my complaint about \_\_\_\_\_ *[Agency]* to  
provide the Western Australian Ombudsman's Office with details of my complaint and any  
supporting documents and to discuss my complaint with the Ombudsman and his staff.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



### Ombudsman Western Australia

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