Ombudsman Western Australia

Reportable Conduct Scheme

Authority to Act

Details of Person Making the Complaint (Complainant):

Full Name: _____

Address: _____

Phone: _____ Email: _____

Details of Representative:

Full Name: _____

Address: _____

Phone: _____ Email: _____

Relationship of Representative to Complainant:

_____

_____

Authority to Act

I, _____ request that_____
(insert complainants name) (insert representatives name)

represent me regarding my complaint to the Ombudsman. I authorise my representative to provide the Ombudsman with details of my complaint and any supporting documents and to discuss my complaint with the staff of the Ombudsman.

_____ _____
(Signature of complainant) (date)

Consent to Act

I, _____ agree to represent the complainant.
(insert representatives name)

_____ _____
(Signature of representative) (date)

Ombudsman Western Australia

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