REPRESENTATIVE AUTHORIZATION FORM

OMBUDSPERSON BRITISH COLUMBIA

This form allows a person making a complaint to appoint a representative to communicate with our office for them.

Signing this form means:

- Our staff will communicate with the representative in responding to your complaint.
- We may ask your representative for information about your complaint that may include personal information, such as private health or financial information.
- We may disclose personal information about you to your representative.

I, _____, authorize _____
(Complainant's name)   (Representative's name)

to act as my representative in my complaint to the

Ombudsperson of British Columbia about _____.
(Name of public agency, if known)

I consent to Ombudsperson staff communicating with my representative as necessary to respond to my complaint.

Date *(MM/DD/YYYY)*   Location *(City and Province)*

Name of complainant *(Printed)*   Complainant signature

Witness name *(Printed)*   Witness signature

Witness *(Phone number)*   Complaint file number

NOTE: The representative may not sign as a witness. Our staff may contact the witness to confirm the validity of this agreement.

_____
Representative relationship

_____
Rep phone

_____
Rep email

_____
Rep mailing address

_____

_____

Please return this signed form by:

This authorization form will replace any previous authorizations submitted to the Ombudsperson of BC, and will remain in effect for the duration of this complaint file being open. You may withdraw your consent to this authorization at any time by writing to us at the address listed below. **Please attach any relevant legal documents as appropriate.**

Mail: PO Box 9039 Stn Prov Govt Victoria BC V8W 9A5

Fax: 250-387-0198

Email: mail@bcombudsperson.ca

FREE. INDEPENDENT. CONFIDENTIAL. FAIR.