



Date: _____

Ref No: _____

Giving Permission for Someone to Act on My Behalf

I want to give permission for someone to act on my behalf.

I understand that this person:

- Must be age 18 or older.
- May be a friend, relative, someone appointed by the court, or another person that I give permission to.
- Can help me fill out forms and may provide information and report changes relating to my corporate complaint.
- Will act for me until I no longer want him/her to.

I am giving permission to _____ to act for me.
(PRINT THE NAME OF PERSON ACTING ON YOUR BEHALF)

Check this box if you want this person acting on your behalf to receive all correspondence.

YOUR SIGNATURE		DATE
YOUR NAME (print)		PHONE NUMBER
YOUR ADDRESS		POSTCODE
SIGNATURE OF PERSON ACTING ON YOUR BEHALF	DATE	PHONE NUMBER
HIS/HER ADDRESS		POSTCODE

Privacy Notice

Please be aware, when you submit information to us, we collect it for the purposes of the management of corporate complaints. This information may then be passed to other departments within Council or to the Northern Ireland Public Services Ombudsman for the purposes of investigation and to improve the level of service we provide.