

**AUTHORIZATION FORM
TO ACT AS A REPRESENTATIVE FOR AN INDIVIDUAL IN A COMPLAINT**

I, _____ (name of individual),
 authorize _____ (name of representative)
 to act as my sole representative for the purposes of my complaint to the Office of the
 Ombud in relation to a matter concerning _____
 (name of public organization or custodian).

I understand that by appointing a representative, all of my communications with the
 Office of the Ombud will be made exclusively through my representative.

I also understand that, as a result of this authorization, my representative will have the
 authority to make decisions on my behalf with respect to my complaint.

I authorize the Ombud and employees of the Office of the Ombud, to disclose personal
 information pertaining to me to my representative as may be necessary to process my
 complaint.

Contact information for representative:

Name of representative:	Representative's group or organization: <i>if applicable</i>
Mailing address:	Email:
Telephone number:	Alternate number:

 Complainant's Signature

 Date