**Authorisation Form**

 Please tick one only

|  |  |  |
| --- | --- | --- |
| The person who experienced the problem should normally fill in this form. Are you the person who experienced the problem? |  | Please complete Sections A and C  |
| Are you filling-in this form for someone else? |  | Please complete Sections A, B and C |

Please use black ink if possible and fill in your name in BLOCK CAPITALS

|  |  |
| --- | --- |
| **A** | **Your Details** |
|  |  |
| Your name in full |  |
| Address & Postcode |  |
| Email\* |  |
| Daytime Contact Number |  | Mobile No |  |

*\*Email provides a quick and efficient means of communication, but you should be aware that there is always a small risk of messages being intercepted.*

|  |  |
| --- | --- |
| **B** | **Making a complaint on behalf of someone else: Their details** |

|  |  |
| --- | --- |
| Their name in full |  |
| Address & Postcode |  |
| What is your relationship to them? |  |
| Why are you making a complaint on their behalf? |  |
| Are you acting in accordance with a Lasting Power of Attorney? | Yes/No If yes, please send a copy with this form. |

**Authorisation**

**If you are complaining on behalf of someone else, they must sign here if they are able to.**

**If they are not able to, please explain why. You should also provide them with a copy of the Privacy Notice for Complainants & Representatives, to ensure that they understand the way in which their personal information will be processed. We will assume that you have provided them with the notice.**

I authorise the above listed person (section A) to act on my behalf in submitting a complaint to the Public Services Ombudsman for Wales. I understand that this may mean that my representative will be able to access my personal or sensitive personal information obtained for one of these purposes.

|  |  |  |  |
| --- | --- | --- | --- |
| Their signature |  | Date |  |

**If they are not able to sign, please explain why?**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **C** | **Declaration** |

I wish for the Public Services Ombudsman for Wales to consider my complaint. I understand that my complaint form and all material supplied with it may be disclosed in full to the body about whom I have complained, unless I specify otherwise, and may be further used in accordance with the terms of that Act.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

When considering your complaint, the Public Services Ombudsman for Wales will process your personal information. Further information about the way in which your personal information will be processed is available in the Privacy Notice for Complainants & Representatives. A copy of this notice is also available on our website.

🞎 If you have provided documents to support the complaint, please tick this box if you would like us to return them to you.

Please send this filled-in form to:

**Public Services Ombudsman for Wales**

1 Ffordd yr Hen Gae

Pencoed

CF35 5LJ

Phone: 0300 790 0203 (local call rate) Fax: 01656 641199