

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address:	
Date of birth			
Telephone no.		Postcode	

SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who I have consented to act on my behalf.

This authority is for an indefinite period or for a limited period only.

Where a limited period applies, this authority is valid until/...../.....

SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	