

# Ombudsman Western Australia

## Authority to Act Form

Our Ref:

I, \_\_\_\_\_ *[Full Name]*

of \_\_\_\_\_ *[Address]*

appoint \_\_\_\_\_ *[Representative's Name]*

to act for me regarding my complaint about \_\_\_\_\_ *[Agency]* to

provide the Western Australian Ombudsman's Office with details of my complaint and any supporting documents and to discuss my complaint with the Ombudsman and his staff.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



### Ombudsman Western Australia

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