**Complaint about alleged breach of privacy**

**- Representative authority form**

Please complete and sign this form if you are using a representative other than a lawyer to assist you with your complaint to us – for example, an advocate, a family member or friend.

This form confirms to us that your representative has your authority to act on your behalf and have access to information about you. You do not have to complete this form if you have appointed a lawyer as your representative as they are already authorised to act for you.

NOTE: If you are completing this form for someone else, you still need to get them to sign it.

This authority to act is for my Privacy Act complaint about the following agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission and authorisation for the following person to act on my behalf and have access to any information concerning me in respect of my complaint:

|  |  |  |
| --- | --- | --- |
| My representative’s details | | |
| Title | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Name | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ |
| Surname | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ |
| Postal address | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone number(s) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Signed (by complainant) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ |
| Date | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please complete this authorisation, sign, date and

upload it with your complaint if you are lodging it online or return it to the

Office of the Privacy Commissioner, PO Box 10 094, Wellington 6143