



OMBUDSPERSON
BRITISH COLUMBIA

REPRESENTATIVE AUTHORIZATION FORM

When making complaints to the Ombudsperson's Office, people typically raise concerns and correspond directly with our staff themselves. We know though, for some people, it may be easier to raise a concern with the help of a trusted friend, family member, advocate, elder, or other person. This form allows for these representatives to bring complaints forward on a person's behalf.

Signing this form means:

- The representative you appoint will be the primary point of contact with whom our staff will communicate throughout the investigation. We may also communicate directly with you if we require information for our investigation of your complaint, but at all other times our communication will be with your representative.
- We may ask your representative for information about your complaint that may include personal information, such as private health or financial information, and we may disclose personal information about you to your representative.
- We are limited in the amount of information that can be shared with the representative at the time of concluding an investigation.

You may withdraw your consent to this authorization at any time by writing to us.

If you have any questions about this form please contact us at the address listed below.

I, _____, authorize _____ to act on my behalf as my
(Name) (Representative's Name)

representative pertaining to my complaint to the Ombudsperson of British Columbia about

(Name of public agency)

- **I agree that the Office of the Ombudsperson will communicate with my representative about this complaint.**
- **I understand that the Office of the Ombudsperson will primarily communicate with my representative and may also communicate with me directly if an investigation is started and once it is concluded.**
- **I consent to the Office of the Ombudsperson disclosing my personal information to my representative as necessary to respond to my complaint.**

Date (MM/DD/YYYY)

Location (City and Province)

Name (Printed)

Signature

Witness Name (Printed)

Witness Signature

Witness (Phone number)

NOTE: The representative may not sign as a witness. Our staff may contact the witness to confirm the validity of this agreement.

PLEASE RETURN THIS FORM VIA MAIL OR FAX TO THE ADDRESS LISTED BELOW, OR BY EMAIL TO MAIL@BCOMBUDSPERSON.CA