

**STATEMENT OF AUTHORITY**  
**TAKING UP COMPLAINT ON BEHALF OF COMPLAINANT**

I .....

of .....

.....

.....

**Telephone number:** .....

**Date of Birth:** .....

Agree to [name] .....

my [relationship to you] .....taking up my complaint on my behalf and having access to any relevant information about my care/treatment and any information provided during the investigation process via interviews with staff involved in my care/treatment [including self employed staff]

**Signed:** .....

**Date:** .....