



REPRESENTATIVE AUTHORIZATION

Please complete this form if you want to be represented by another person.

I authorize the following person to act on my behalf and to receive any personal information about me, as necessary for the purpose of this complaint.

REPRESENTATIVE INFORMATION

Last name: _____ First Name: _____

Address: _____

City, Province: _____

Postal Code: _____

Daytime Telephone Number: _____

May a message be left at this daytime telephone number? ☐ Yes ☐ No

COMPLAINANT'S INFORMATION:

Last name: _____ First Name: _____

(Complainant Signature) Date: _____