

# Complaint form Appendix A – Authority to Act

Complete this form if you're consenting to a complaint being made on your behalf, or you're acting for someone else.

I,

(name)
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of

(address)
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hereby authorise

(name – individual / legal representative / organisation)
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of

(address)
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to act on my behalf with regard to my complaint to the Independent Broad-based Anti-corruption Commission (IBAC). This authority includes:

- receiving and submitting documents on my behalf
- obtaining and providing personal information relevant to my complaint
- corresponding with IBAC both verbally and in writing.

The Authority to Act is limited to this complaint and remains in force while this complaint is being considered or investigated by IBAC, unless withdrawn by me earlier. I understand that the Authority to Act can be withdrawn or amended by me at any time by notifying IBAC in writing.

**Name**

**Date**

Please ensure all fields above are complete before signing.

**Signature** \_\_\_\_\_ (signature required)

Submit this completed Authority to Act with the complaint. If you've submitted the complaint online via IBAC's website, please email this form to [info@ibac.vic.gov.au](mailto:info@ibac.vic.gov.au) including the complaint reference number in the subject line.

### Privacy statement

IBAC is committed to guarding against misuse, loss or unauthorised disclosure of personal information in accordance with the [Privacy and Data Protection Act 2014](#) and the [Health Records Act 2001](#), including the Privacy Principles within each Act. For more information on IBAC's privacy policy see [www.ibac.vic.gov.au/privacy](http://www.ibac.vic.gov.au/privacy).

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### Official Use Only

**File number**

**Entered by**