

HCSCC reference (Office use only): _____



HCSCC Authority Form

Has the Consumer (the person who received the service being complained about) given you permission to make a complaint on their behalf?

Yes No The Consumer is deceased (Date of Death: ____/____/____)

Details of Consumer

Title: Mr / Mrs / Ms / Miss / Other: _____

Full Name: _____

Date of Birth: ____/____/ ____

Address of consumer: _____

Phone number: _____

Email: _____

Person representing the Consumer to the HCSCC

Title: Mr / Mrs / Ms / Mrs / Miss / Other: _____

Full Name: _____

Date of Birth: / / ____

Address: _____

Phone(s): _____

Email: _____

Signature: _____

Date: / / ____

Details of any legal authority or relationship to consumer: _____

Signature of Consumer (if applicable)

I authorise the abovementioned person to lodge a complaint on my behalf with the HCSCC. This authority includes permission for the HCSCC to address all correspondence to them and to release any information about the complaint to them. The authority will expire when the complaint has been finalised by the HCSCC or on request from me.

Signature: _____

Date: ____/____/ ____

Send the completed form to the HCSCC

Internet: Attach this form to your online complaint

Post: PO Box 199, Rundle Mall SA 5000

Email: info@hcsc.sa.gov.au