

# Authorisation for Third Party to make a Complaint

If you are the client/person directly affected in this matter, and you want the person nominated below to make this complaint on your behalf, please sign and complete this form.

I, \_\_\_\_\_ (full name)

of, \_\_\_\_\_ (address)

Town/Suburb:

State:

Post Code:

**appoint** the nominated person (below) to make this complaint on my behalf.

### In making this authorisation, I confirm that:

- I understand that the nominated person is making a formal complaint on my behalf to the Australian Association of Social Workers (AASW) and that I am asking the AASW to investigate this complaint.
- I have read and understand all the complaint materials that the nominated person is submitting on my behalf.
- The complaint materials are a true and accurate record of my experiences in relation to this complaint.
- I understand that the social worker (the Respondent) will be advised of my name and that I have authorised the nominated person to make this complaint on my behalf. (I understand that my address and any other contact details for me will not be provided to the social worker).
- I understand that the social worker (the Respondent) and any potential witness, who might assist the AASW with its investigation, will be provided with a copy of all complaint documents that my nominated person submits to the AASW.
- I give permission for the social worker (the Respondent), and if applicable, any relevant person and/or witness, to provide the AASW with any relevant information in order to respond to this complaint, which might include personal and sensitive information about me.
- I understand that the AASW may need to contact me directly for further information, or may need to request my participation in an investigation and/or Hearing, should the AASW deem this to be necessary in order to investigate this complaint.
- I authorise the AASW to address all correspondence relating to this complaint to my nominated person.
- I have read the AASW ECMP Confidentiality Agreement, and understand and accept it's provisions.

### Name of the Nominated person the person making the complaint (Complainant):

Signature:

Date:

### Your Name

#### person/client directly affected by the complaint:

Signature:

Date: