

Complete this form to authorise an advocate to manage your complaints. Fill out as many details as possible. If Corrections staff need more information, they may come back to you.

## 1. Your details

Name:	PRN:
Date of Birth:	Phone:
Email:	
Community address or prison:	

## 2. Your advocate's details

Name:	Phone 1:
Date of Birth:	Phone 2:
Email:	
Postal address:	
Other people your advocate can give your complaint correspondence to [name the people]:	

## 3. Your complaints the advocate will manage

<input type="checkbox"/> Specific complaints only. List the complaint reference numbers.	<input type="checkbox"/> All complaints for a period. Insert a period of no more than one year.
<div style="border: 1px solid green; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">or</div>	

## 4. Your declaration

I understand that:

- I am giving my advocate access to my personal complaint information
- the Department of Corrections is not responsible for the actions of my advocate
- this authority comes into effect from the date the Department of Corrections receives this form
- the Department of Corrections will give me copies of correspondence received from my advocate, and correspondence sent to my advocate
- I can write to or call the Department of Corrections at any time to alter or cancel this authority

Your signature:	Date:
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