

**Form of Authority**

**Authority to act on behalf of the patient - Adult**

If you are acting on behalf of an adult (a person aged 16+) who is capable of understanding the complaints procedure and they have consented please complete:

**Authorisation** to be completed by the patient

I, (name of patient) please print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give,

(Please Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authority to act on my behalf in

respect of concerns relating to my treatment/the treatment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Wye Valley NHS Trust. By raising these concerns I also consent to my complaint and contact details being shared with other departments within the Wye Valley NHS Trust and other organisations, as required, to be able to provide a full response or to enable other organisations to respond directly.

Signature of patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Address of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient RLQ (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of person acting with Authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please see reverse for accepted proof of name and address required to support this document.

Please provide a copy of one document from each table for the person authorised to act on behalf of the patient.

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Glen Burley, Chief Executive Russell Hardy, Chairman



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| Table A - Documents that confirm your name: | Table B - Documents that confirm your address: |
| --- | --- |
| * Full driving licence * Passport * Birth certificate * Marriage or civil partnership certificate * NHS identity badge | * Utility bill * Bank statement * Credit card statement * Benefit book * Pension book |

Once your proof of name and address has been viewed, it will be deleted/destroyed. The form of authority will be retained and added to your complaint or concern.

Should you have any questions in relation to this form, please contact the Complaints Team 01432 364191

**This information is requested to protect an individual’s confidentiality and do our best to ensure we only share information with those authorised to receive it.**