



# Authority to Act

Only complete this form if you are consenting to a complaint being made on your behalf and you wish to authorise another person or organisation to act on your behalf.

**Complaint / Reference Number:**   
\*\* This number can be found in the email that was sent to the person who made the complaint.

**YOUR DETAILS:**

**First Name:**     **Surname:**     **Date of Birth:**

**Address:**     **Suburb:**     **Postcode:**

**DETAILS OF PERSON / ORGANISATION ACTING ON YOUR BEHALF**

**First Name:**     **Surname:**     **Date of Birth:**

*or*

**Organisation:**

**Address:**     **Suburb:**     **Postcode:**

**Email:**     **Contact Number:**

I,  hereby authorise  to act on my behalf regarding my complaint to Victoria Police.

This authority allows Victoria Police and the individual or organisation to:

- a) Receive and submit documentation and/or any other evidence;
- b) Obtain and provide personal, sensitive and/or health information relevant to my complaint;
- c) Correspond by digital, verbal, and/or written communication

I understand by signing this Authority to Act is limited to this complaint only and remains active until the complaint is finalised. I understand that this Authority to Act can be withdrawn or amended by me at any time by notifying Victoria Police in writing.

**Your Name:**

**Signature:**

**Date:**

This form must be sent to Police Conduct Unit via email within 5 days of lodging the complaint  
[psc-policeconductunitcomplaintsandcompliments@police.vic.gov.au](mailto:psc-policeconductunitcomplaintsandcompliments@police.vic.gov.au)

**Privacy Statement** - Victoria Police 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 Victoria Police privacy policy see [www.police.vic.gov.au/privacy](http://www.police.vic.gov.au/privacy)