

THIRD PARTY CONSENT to Complaint No.

Non-completion of this form may cause delay in responding to this complaint.

I, _____, authorise the complaint lodged on my behalf
(Patient name)

submitted by _____
(Representative's name)

I agree that Waikato District Health Board may disclose to my representative named above such information held by Waikato DHB about that is considered by Waikato DHB to be necessary in resolving the complaint.

Signed _____
(Patient's signature)

Date _____