

AGENT CONSENT FORM

Consent to Communicate Information to an Authorized Person

This form allows you to name a person (such as a representative, friend, spouse, partner, or a family member) to communicate on your behalf with the Law Enforcement Complaints Agency (LECA). LECA cannot give your personal information or communicate your personal information without your written consent. Your signed consent is required if you want LECA to communicate with another person.

Pursuant to section 154 (4), (5) of the *Community Safety and Policing Act*, you may wish to communicate through an agent with respect to your complaint. This form allows LECA to communicate to this authorized person your personal information regarding your complaint and file with LECA.

Section 1: Your Consent (you must complete and sign this section)

Your name:

I, _____, hereby give my consent to LECA to communicate personal information on my behalf, to act on information received from the authorized person, named in Section 2 concerning my complaint. I understand that this consent remains valid unless I notify LECA in writing.

Signature: _____

Date: _____

Section 2: The person you would like us to communicate with must complete and sign this section.

First Name: _____ Last Name: _____

Relationship to the person in section 1: _____

Mailing Address: _____

Telephone number: _____ Email: _____

I understand that I can communicate with LECA to give and receive personal information on behalf of the person named in section 1 with regards to their complaint.

Signature: _____

Date: _____