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| We are sorry that you are unhappy with our service and regret that you have to make a complaint to us. We have been contacted by someone on your behalf, to make a complaint. But we need to make sure that they have your permission to complain on for you. We would like you to complete this mandate and return it to us , so we can investigate the matter for you. **Please complete and return to: Freepost Plus RTAB—EBBR—UTKG, Glasgow Life, Commonwealth House, Albion Street, Glasgow, G1 1LH.** See Specific Privacy Notice below. | | | | | |
| **1. Your Personal Details – We may make additional checks to verify your identity.** | | | | | |
| Name: | | | | | |
| Present Address: | | | | | |
| Phone number: | | | Date of Birth: | | |
| Email: | | | | | |
| Length of time at this address: | | | | | |
| If less than two years, please provide previous address: | | | | | |
| **2. The person who has complained for you.** | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Phone Number: | | | | Email: | |
| Please provide brief details of your complaint. If you have already been issued with a complaint reference number from us, please provide this. | | | | | |
| **4. Declaration – To be completed by the person wanting to complain** | | | | | |
| Declaration:  I declare that the information I have provided is correct and I authorise the above-named person to act on my behalf in this matter | | | | | |
| Signed: |  | | Date: | |  |
| To be completed by the person nominated to act for the person wanting to complain | | | | | |
| Declaration:  I declare that the information I have provided is correct and that I agree to act on behalf of the above-named person in this matter | | | | | |
| Signed: |  | | Date: | |  |
|  | | | | | |
| OFFICE USE ONLY:  REQUEST AUTHORISED: YES / NO  SIGNED:  DATE: | | REASON IF REFUSED: | | | |