For office use only	
Reference number:	

Police Investigations & Review Commissioner

Consent form

Your representative's

If you would like somebody to act on your behalf (such as a solicitor, friend or relative) please give their details here:

Name					
Address					
Postcode					
Phone number					
Mobile number					
E-mail					
I agree to you sha named above. Signed:	aring information about	my (Date:	y repre	esentative
Communication					
Please state who yo	ou would like all correspor	nden	ce regarding	your co	omplaint handling
☐ To you, the appli	cant				
☐ To the person ap correspondence)	plying on your behalf (the	e ema	ail address no	oted ab	ove will receive all