

IMA 3rd Floor Civic Centre Oystermouth Road Swansea SA1 3SN

Parental Authorisation Form

Complainant Personal details (the person that the complaint relates to)	
Title	
Full name	
Date of Birth	
Email	
Address	
Representative details (the person making the complaint on behalf of the person above	
Title	
Full name	
Age	□ Under 18 □ 18 and over
Email	
Address	
Relationship to complainant (eg. parent, guardian)	
Declaration	
☐ I confirm I have parental responsibility for the complainant who is aged 12 or under.	
☐ The information I have provided is correct to the best of my knowledge.	
☐ I have read and understand the <u>IMA Privacy Notice</u> .	
☐ The IMA may contact me to discuss the complaint further.	
Name	
Signature	
Date	