**IMA**

3rd Floor Civic Centre Oystermouth Road

Swansea SA1 3SN

Parental Authorisation Form

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| **Complainant Personal details (the person that the complaint relates to)** | |
| **Title** |  |
| **Full name** |  |
| **Date of Birth** |  |
| **Email** |  |
| **Address** |  |

|  |  |
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| **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 [**IMA Privacy Notice**](https://ima-citizensrights.org.uk/privacy-notice/).
* The IMA may contact me to discuss the complaint further.

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|  |  |
| **Name** |  |
| **Signature** |  |
| **Date** |  |