



## AUTHORITY TO ACT

### How I will use your personal information in my capacity as Councillor when I deal with matters and issues you raise with me on your behalf

In order to resolve your complaint or concern I will be required to collect and process personal information about you and others that I come into contact with as part of my enquiries.

The information that I collect and process will only be used by me to deal and respond to the problem or concern you have asked me to assist you with.

For more information on how I may use your personal information and your information rights please see my full privacy notice [http://www.hirwaunandpenderyncc.org.uk/Policies\\_20196.aspx](http://www.hirwaunandpenderyncc.org.uk/Policies_20196.aspx) or ask me for a copy.

**Please complete this form to authorise me to act on your behalf in relation to your complaint or concern.**

#### 1. Councillor details

<b>Cllr Name</b>	
<b>Address</b>	
<b>Post code</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

## 2. Your details

<b>Full Name</b>	
<b>Date of Birth</b> (if relevant)	
<b>National Insurance Number</b> (if relevant)	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

## 3. Brief description of the complaint / concern that you wish me to deal with on your behalf.

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**4. Please provide me with any additional information that you feel is relevant and will help me in resolving you complaint / concern.**

**5. Please provide me with any relevant account or reference numbers.**

**6. Declaration**

**I authorise Councillor Name: \_\_\_\_\_ to act on my behalf in relation to the above complaint / concern.**

**Print Name**

**Signature**

**Date**