

## Respondent Personal details (the person that the complaint relates to)

Title	
Full name	
Date of Birth	
Email	
Address	

### Declaration

- I confirm the representative below has the authority to act on my behalf.
- The information I have provided is correct to the best of my knowledge.
- I have read and understand the [IMA Privacy Notice](#)
- I agree that the IMA may contact my representative to discuss the response further.
- I am aware that I may withdraw my consent (for the representative to act on their behalf) at any time by contacting the IMA.

Signature	
Date	

## Representative details (the person completing form on behalf of the person above)

Title	
Full name	
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 and over
Email	
Address	
Relationship to respondent (e.g. Friend, guardian)	

### Declaration

- I confirm I have authority to act on behalf of the respondent.
- The information I have provided is correct to the best of my knowledge.
- I have read and understand the [IMA Privacy Notice](#).
- I agree that the IMA may contact me to discuss the response further.

Signature	
Date	