

This form is available in other formats (i.e. braille, large font) and languages.

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### Complaints Handling Procedure – Consent Form

For services provided by or on behalf of Trust Housing Association and/or Wishaw & District Housing.  
(TENANT ABLE TO CONSENT)

Tenant name:	
Address:	
Date of birth:	
Representative name:	
Complaint reference number:	
Complaint status (i.e. Stage 1 Frontline Response):	

I hereby give my consent for a complaint about services provided to me by or on behalf of Trust Housing Association and/or Wishaw & District Housing to be raised by my representative (as named above), who is acting in the following capacity:

- Power of attorney
- Friend/relative support
- Professional support worker
- Advocacy service
- MP/MSP
- Other (please provide detail below)

(please tick one of the above as appropriate)

I understand that this consent will only be valid for the duration of the handling of the complaint, and once resolved my representative will not be able to access data relating to me.

I understand that personal or confidential information related to the complaint may also be disclosed to my representative in order to respond to the complaint. No information unrelated to the complaint will be shared with my representative.

Signed: ..... Date: .....

To learn more about how Trust handles personal data, see our Data Protection Policy available from our website.