



**OFFICE OF THE OMBUDSMAN OF TRINIDAD AND TOBAGO  
HEAD OFFICE**

International Waterfront Centre, Level 12, Tower D, 1A Wrightson Road, Port of Spain  
Tel: (868) 624-3121 • Email: feedback@ombudsman.gov.tt • Website: www.ombudsman.gov.tt

---

**AUTHORIZATION FORM  
(Complaint made on behalf of a person)**

**Date:**

**Office of the Ombudsman of Trinidad and Tobago**

Dear Sir/Madam,

I, \_\_\_\_\_, with Identification number (ID/DP/PP) \_\_\_\_\_, hereby authorize \_\_\_\_\_ with Identification number (ID/DP/PP) \_\_\_\_\_, to lodge this complaint at your Office.

Additionally, I authorize/ do not authorize \_\_\_\_\_ to make decisions and/or receive updates on my behalf.

Please forward all updates/future correspondence to:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Copies of the relevant Identification cards are attached.

***N.B. If you are unable to secure authorization to act on behalf of the person, please state the reason(s).***

---

---

---

Yours Respectfully,

\_\_\_\_\_  
**Signature/Fingerprint (where applicable)**