

**GREATER MANCHESTER POLICE  
Professional Standards Branch**

**Third Party Authority (Section 12(6)(b) Police Reform Act, 2002)**

**I (full name) ..... (d.o.b) .....**

**Of (full address) .....**

.....

**authorise my: *parent / guardian / relative / solicitor / M.P / friend / other* (delete as appropriate)**

**(insert third party name / address)**

.....

.....

**to act as my representative to make a Complaint Against Police in relation to an incident  
(date, place and brief circumstances)**

.....

.....

.....

**I would like all correspondence in relation to this matter to be sent to (delete as appropriate)**

**myself       my representative       both**

**Signature: ..... Date: .....**

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**Medical Consent (complete if applicable)**

**I (print full name) ..... agree to Greater Manchester Police**

**having access to my medical records in relation to my complaint (date and brief circumstances)**

.....

.....

.....

**Signature: ..... Date: .....**