

**COMPLAINANT AUTHORIZATION FORM**

**A. Written Consent**

\_\_\_\_\_ has  
my Name Title

permission to discuss with individuals deemed appropriate the complaint I  
have filed as well as my name.

\_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

**OR**

**B. Oral Consent**

**TO WHOM IT MAY CONCERN:**

**I have obtained the oral consent of:**

\_\_\_\_\_  
Complainant

to disclose his/her identity for the purpose of complaint investigation.

Such consent was obtained by me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Regional Ombudsman  
or

\_\_\_\_\_  
Community Advisory Committee Member

\_\_\_\_\_  
Date

(NOTE: If the complainant and resident are not the same individual, the consent of  
each is required).

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