To:

**Complaints and Statutory Compliance**

Victoria Legal Aid

GPO Box 4380 Melbourne 3001

### Authority

I, ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth day / month / year

Authorise (a) Victoria Legal Aid and (b) my legal practitioner(s)

to discuss assistance that I have received from Victoria Legal Aid and details of my legally aided matters

with: Click or tap here to enter text.

Date of birth day / month / year

and to obtain any relevant information from Choose an item.

Signed Click or tap here to enter text.

Dated: day / month / year