

Authority to Act

PTO Reference: _____

I, ______, authorise the Public Transport Ombudsman (PTO) to deal with my representative, named below, in relation to my complaint about ______ (the operator).

I understand that the PTO may provide personal information supplied by me or my representative to the operator and any other organisation or person for the purpose of handling of my complaint.

I also understand that the PTO may provide my representative with personal information about me obtained from the operator or any other source.

Please note, the PTO provides a free service to all consumers. **You do not have to pay anyone else to handle your complaint for you. We will do it for free of charge.** If you choose to have someone act on your behalf, any fees charged to you by the person acting for you are not recoverable via PTO's process.

	Signed by:			
	Date:			
	<u>My representat</u>	ive		
	Name:			
	Address:			
	Email:			
	Phone contacts:			
Public Transport Ombudsman Limited ACN 108 685 552		PO Box 538 Collins Street West Melbourne VIC 8007	Telephone 03 8623 2111 Facsimile 03 8623 2100	1800 466 865 TTY 1800 809 623 www.ptovic.com.au