

# **ENERGY AND WATER OMBUDSMAN Victoria**

## Listen Assist Resolve

## **Authority to Act (Member of Parliament and Electorate Officer)**

### **IMPORTANT**

When you sign this form you authorise a Member of Parliament (MP) or their Electorate Officer (Officer) to act on your behalf with the Energy and Water Ombudsman (Victoria) (EWOV) and EWOV can:

- seek information from the MP or their Officer about you
- give information to the MP or their Officer about you
- deal with the MP or their Officer as if they were you.

You can choose how much authority you give the MP or their Officer by ticking one or both of the boxes below.

This authority will remain valid permanently unless you or your representative withdraws it.\*

| I (your full name)                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                              |  |                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|
| of (your address)                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                              |  |                |  |
| authorise my MP (MP's name) and any of their Officers                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                              |  |                |  |
| of (MP's electorate)                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                              |  |                |  |
| at (MP's address)                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                              |  |                |  |
| <b>contact number</b> (MP's and/or<br>Officer's phone number)                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                              |  |                |  |
| to (tick one or both boxes)                                                                                                                                                                                                                                                                                                                                                                 |  | give EWOV the initial details of my complaint.  act on my behalf ("in my shoes") with full authority to make decisions for me, in relation to my complaint). |  |                |  |
| Signed (your signature)                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                              |  |                |  |
| Name (your name — please print                                                                                                                                                                                                                                                                                                                                                              |  | )                                                                                                                                                            |  |                |  |
| Email                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                              |  | Date           |  |
| Phone number                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                              |  | Case reference |  |
| If you authorise an MP and/or their Officer to act on your behalf, we will send our letters to them.  Do you also want us to send our letters to you? YES NO (Circle one)                                                                                                                                                                                                                   |  |                                                                                                                                                              |  |                |  |
| Please return to: EWOV  Freepost: Reply Paid 469, Melbourne VIC 8060  Freefax: 1800 500 549  Email: investigations@ewov.com.au  * If you prefer that this authority is valid for this complaint only, not permanently, please tick this box. You can withdraw the authority at any time by contacting EWOV on 1800 500 509. This authority will supersede any previous authority with EWOV. |  |                                                                                                                                                              |  |                |  |

ABN 57 070 516 175



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### INFORMATION FOR MEMBERS OF PARLIAMENT AND ELECTORATE OFFICERS

Please read our Fact Sheet 19 — EWOV for Members of Parliament — which contains important information about EWOV for Members of Parliament and Electorate Officers. Our fact sheets are available at <a href="https://www.ewov.com.au">www.ewov.com.au</a>. Alternatively, call us on **1800 500 509** to request a copy. See page two for further information.

## Why does the Energy and Water Ombudsman (Victoria) (EWOV) need this authority?

EWOV is a company limited by guarantee and is subject to the Commonwealth *Privacy Act 1988*. We need this authority to ensure that the privacy requirements of that Act are complied with, so we can full assist you and your constituent.

## How is EWOV structured?

EWOV is a private sector, industry-based Ombudsman scheme. We are approved by the Essential Services Commission of Victoria. Unlike statutory Ombudsmen, we do not receive any funding from, nor report to, the Government. Instead, EWOV charges the energy and water companies for the complaints that we handle. This provides an incentive for the energy and water companies to directly settle complaints with their customers.

### More useful information

EWOV's fact sheet 19 — EWOV for Members of Parliament — contains key information about EWOV for Members of Parliament and Electorate Officers and can be downloaded from <a href="www.ewov.com.au">www.ewov.com.au</a> (Publications and Media). Alternatively, call us on **1800 500 509** to request a copy.

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