

POWER OF ATTORNEY FORM

1. Information about the applicant

Family name and given name (in block letters):

Address:

Phone: _____ Email: _____

2. Information about the representative

Family name and given name (in block letters):

Professional capacity/Relative/In another capacity:

Address:

Phone: _____ Email: _____

3. Power of attorney

I, the undersigned, _____,
(name of applicant)

appoint the person identified in section 2 to represent me.

In this capacity, this person can, if the need arises, represent me in my dealings with the Québec Ombudsman and will have the power to provide the information and documents needed for processing of my file(s) administered by the Québec Ombudsman. In turn, the Québec Ombudsman can provide the designated representative with the information and documents it is authorized to send him or her in accordance with the law, notably, the *Public Protector Act*, the *Act respecting the Health and Social Services Ombudsman* and the *Act respecting health services and social services*.

This Power of attorney is valid for my complaint against: *(Identify the government department or agency or the body against which the complaint has been made and describe the nature of the complaint)*.

Additional information (where applicable), notably, details as to the scope or limits of the Power of attorney:

Signature of the applicant

Date

Signature of the representative identified in section 2

Date

For the Québec Ombudsman's use only

This Power of attorney is valid only for file(s) _____ at the Québec Ombudsman and cannot be used for any other purpose.