

## AUTHORIZATION

**TO: The Retirement Homes Regulatory Authority**  
**55 York Street, Suite 700**  
**Toronto, ON M5J 1R7**

**RE: Complaint to the Retirement Homes Regulatory Authority**

I, \_\_\_\_\_, hereby give permission for \_\_\_\_\_  
*[Name of Resident]* *[Name of Person Authorized]*

to communicate with the Retirement Homes Regulatory Authority on my behalf about a complaint  
concerning \_\_\_\_\_  
*[Name of Retirement Home]*

and regarding \_\_\_\_\_  
*[Subject of Complaint]*

I consent to the Retirement Homes Regulatory Authority releasing my personal information and personal  
health information to \_\_\_\_\_ for the purpose of handling  
*[Name of Person Authorized]*

a complaint under the Retirement Homes Act, 2010. I understand that I can revoke this consent at any time  
by contacting the Retirement Homes Regulatory Authority.

I confirm that this Authorization has been read to me in a language that I understand. A photocopy or  
faxed copy of the Authorization shall be as valid and binding as the original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ in the Province of Ontario.  
*[Day]* *[Month]* *[Year]* *[City/Town]*

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Resident

Print name of Witness \_\_\_\_\_

Print address of Witness \_\_\_\_\_  
\_\_\_\_\_