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**Letter of Consent**

To whom it may concern,

I (insert name, dob,address, contact details.....)

(.....)

confirm that I would like (insert name and profession.....)

to act on my behalf to make a request for a community trigger.

I confirm that I am happy for my personal details to be shared with the relevant authorities in order to carry out appropriate checks on the details of my complaints, and if deemed to meet the threshold, for my case to be discussed at a multi-agency meeting. I also consent to the results and recommendations that come out of a multi-agency meeting to be shared with (insert name.....).

Print Your Name .....

Your Signature .....

Date .....