



Authorization

To: **Law Society of Ontario**
130 Queen Street West
Toronto, Ontario M5H 2N6

I, _____ give permission for _____
Name of Complainant Name of Person Authorized

to communicate with the Law Society of Ontario on my behalf about Complaint File
Number _____. I confirm that this Authorization has been
read to me in a language that I understand. A photocopy or faxed copy of this
Authorization shall be as valid and binding as the original.

Contact information for authorized person:

Address:

Phone:

Email:

Dated this _____ day of _____, _____,
Day Month Year

at _____,
City Province or State

Signature of Witness

Signature of Complainant

Name of Witness