



CLIENT CONSENT FORM

I hereby give permission for Queensland Homicide Victims' Support Group (QHVSG) to obtain and provide information on my behalf to Queensland Police Service, Victim Assist Queensland, and the Office of the Director of Public Prosecutions and/or other **relevant** support services.

Name: _____

Signed: _____

Date: _____

Relationship to Victim: _____

Victim's Name: _____

Date of Death: _____

Please sign and return this form to

Queensland Homicide Victims' Support Group

P O Box 194 Clayfield QLD 4011

Or email admin@qhvsg.org.au

Internal Office Use Only

QPS Occurrence No: FSC: VLO.....