



Power of Attorney

Subject: Complaint by **NAME** against
NAME OF INSTITUTION concerning sexual harassment
pursuant to Section 3(4) of the German General Equal Treatment Act (*Allgemeines
Gleichbehandlungsgesetz – AGG*)

I hereby authorize

Themis Trust Center Against Sexual Harassment and Violence
(Themis Vertrauensstelle gegen sexuelle Belästigung und Gewalt e.V.)
Frankfurter Allee 218
10365 Berlin, Germany

as well as **NAME**,
the fully qualified legal professional responsible for handling my case, in their capacity as an
employee of the Trust Center, to act on my behalf.

This means that the Themis Trust Center is authorized to address the incidents I have reported
with my employer or contracting entity and to inform them accordingly.

This authorization includes the following powers:

- Requesting and providing statements
- Obtaining and sharing information
- Receiving responses
- Communicating with the organization concerned
- Transmitting the data required for these purposes

Information on Revocation

This Power of Attorney supplements my consent to the processing of my personal data by the
Themis Trust Center, as described in its Privacy Policy.

I may revoke this Power of Attorney at any time without giving reasons. However, if I do so, the
Themis Trust Center will no longer be able to represent me in proceedings under the German
General Equal Treatment Act (AGG), as this authorization is required for such representation. I
may, however, continue to receive general advice and support, provided that I do not also
withdraw my consent to the processing of my personal data.

Place: _____ **Date:** _____

Signature of the Client: _____