To the DoLS lead

[NAME OF COUNTY/BOROUGH/CITY COUNCIL]

[ADDRESS OF COUNCIL]

YOUR NAME

YOUR ADDRESS

DATE

Dear [NAME]

I am writing to you in respect of my *[mother/father/son/daughter/brother/sister/family friend, etc].* *He/she is/has[insert here a summary of their diagnosis/disabilities],* and as a result lacks the capacity to make decisions concerning *his/her* place of residence.

I enclose a copy of a letter I sent to the manager of the [*care home/hospital]* in which he is placed dated [INSERT DATE], setting out why I believe that [NAME] is deprived of *his/her* liberty and asking for a DoLS authorisation to be put in place.

I have not had a [satisfactory] response to my letter and I am therefore writing to you, as the Supervisory Body, in accordance with paragraph 68 of Schedule A1 of the Mental Capacity Act 2005, to request that you investigate this matter and decide whether or not there is an unauthorised deprivation of liberty.

I look forward to receiving your response **by 4pm on [insert date 7 days from date sent]**

Yours sincerely

*[Signature]*

*[Print name]*