



# Serious Incident Diary

To be completed by a person who is experiencing serious ongoing or persistent problems with a social housing tenant. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please use BLOCK LETTERS and print in black or blue pen only. Please mark relevant boxes with a . If you need more room to answer any questions, please include details on a separate page and attach it to this form.

<b>Incident 1</b>	Date	DD / MM / YYYY	Time	am/pm
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**1. Name and address of person(s) involved in the incident**

Title

Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name (s)

Unit/House number  Street/Avenue

Town/Suburb  Postcode

Contact number

Email address

**2. Where did the incident occur?**

**3. What happened?**

**4. Did anyone else witness the incident?**  Yes  No — Go to next question

Give name(s) and address

Title

Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name (s)

Unit/House number  Street/Avenue

Town/Suburb  Postcode

**5. Did you report the incident to the police?**  Yes  No — Go to question 6

Give details

Date  Time

Police Station  Event Number

Name of Police Officer

**6. Did police attend the incident?**  Yes — Go to next question  No — Go to next question

**7. Did the police advise they were taking any action?**  Yes  No — Go to next question

Give details

8. Did you make a statement to the police?  Yes — Attach details  No

**NOTE:** If there is another incident continue to Incident 2, if not go to Consent and Declaration Section

**Incident 2** Date  Time

1. Name and address of person(s) involved in the incident  
Title   
Mr, Mrs, Ms, Miss, Mx  
Last name or family name   
Given name (s)   
Unit/House number  Street/Avenue   
Town/Suburb  Postcode   
Contact number   
Email address

2. Where did the incident occur?

3. What happened?

4. Did anyone else witness the incident?  Yes  No — Go to next question  
↓ Give name(s) and address  
Title   
Mr, Mrs, Ms, Miss, Mx  
Last name or family name   
Given name (s)   
Unit/House number  Street/Avenue   
Town/Suburb  Postcode

5. Did you report the incident to the police?  Yes  No — Go to question 6  
↓ Give details  
Date  Time   
Police Station  Event Number   
Name of Police Officer

6. Did police attend the incident?  Yes — Go to next question  No — Go to next question

7. Did the police advise they were taking any action?  Yes  No — Go to next question  
↓ Give details

8. Did you make a statement to the police?  Yes — Attach details  No

**NOTE:** If there is another incident continue to Incident 3, if not go to Consent and Declaration Section

**Incident 3**

Date

DD / MM / YYYY

Time

am/pm

**1. Name and address of person(s) involved in the incident**

Title

Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Contact number

Email address

**2. Where did the incident occur?****3. What happened?****4. Did anyone else witness the incident?**

Yes

No

Go to next question

Give name(s) and address

Title

Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town/Suburb

Postcode

**5. Did you report the incident to the police?**

Yes

No

Go to question 6

Give details

Date

DD / MM / YYYY

Time

am/pm

Police Station

Event Number

Name of Police Officer

**6. Did police attend the incident?**

Yes

Go to next question

No

Go to next question

**7. Did the police advise they were taking any action?**

Yes

No

Go to next question

Give details

**8. Did you make a statement to the police?**

Yes

Attach details

No

**NOTE:** If there is another incident continue to Incident 4, if not go to Consent and Declaration Section

**Incident 4**

Date

DD / MM / YYYY

Time

am/pm

**1. Name and address of person(s) involved in the incident**

Title

Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Contact number

Email address

**2. Where did the incident occur?****3. What happened?****4. Did anyone else witness the incident?**

Yes

No

Go to next question

Give name(s) and address

Title

Mr, Mrs, Ms, Miss,

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town/Suburb

Postcode

**5. Did you report the incident to the police?**

Yes

No

Go to question 6

Give details

Date

DD / MM / YYYY

Time

am/pm

Police Station

Event Number

Name of Police Officer

**6. Did police attend the incident?**

Yes

Go to next question

No

Go to next question

**7. Did the police advise they were taking any action?**

Yes

No

Go to next question

Give details

**8. Did you make a statement to the police?**

Yes

Attach details

No

**NOTE:** If there is another incident please include details on a separate page and attach it to this form, if not go to Consent and Declaration Section

## DCJ Privacy Notice

This privacy notice applies to the Department of Communities and Justice (DCJ) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. DCJ and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by DCJ or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within DCJ as a whole to plan, coordinate and improve the way we provide services. DCJ is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: [www.facs.nsw.gov.au/site\\_information/privacy](http://www.facs.nsw.gov.au/site_information/privacy) or by calling: 02 9377 6000.

## Notice and Declarations

Under the *Housing Act 2001* a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by social housing providers or prosecuted.

**Notice:** Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. DCJ may also collect information from your former social housing landlord or their agent (if you have one), including information about any debt.

## Declaration

- I understand the instructions given on this application.
- To the best of my knowledge, the information provided in this application is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that this information is used by all social housing providers (public, community and Aboriginal housing).
- I understand and agree that DCJ may collect information from my former social housing landlord or their agent, including information about any debt.

Title	<input type="text"/>
Mr, Mrs, Ms, Miss, Mx	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text" value="X"/>
Date	<input type="text" value="DD/MM/YYYY"/>

33. Is there another person helping you to fill out this form?

Yes  
that person should  
read and sign the  
declaration below

No

## Declaration from the person assisting witness/complainant

- I have filled out this form on the basis of the information the applicant gave me.
- I have read out the form and the answers to the applicant who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Title	<input type="text"/>
Mr, Mrs, Ms, Miss, Mx	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text" value="X"/>
Date	<input type="text" value="DD/MM/YYYY"/>
Phone	<input type="text"/>