

Incident Diary



To be completed by a person who is experiencing serious ongoing or persistent problems with a Compass Housing Services Tenant.

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.

Incident 1		Date:		Time:	
1. Name and address of person(s) involved in the incident	Title Mr, Mrs, Ms, Miss				
	Last Name or Family Name				
	Given Name(s)				
	Unit/house number	Street/Avenue			
	Town/suburb		Postcode		
	Phone	Mobile			
	Email Address				

2. Where did the incident occur?	
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3. What Happened?

4. Did anyone else witness the incident?	<input type="checkbox"/>	Yes- Give name(s) and address	<input type="checkbox"/>	NO- Go to next question
	Title Mr, Mrs, Ms, Miss			
	Last Name or Family Name			
	Given Name(s)			
	Unit/house number	Street/Avenue		
	Town/suburb		Postcode	
	Phone	Mobile		
	Email Address			

5. Did you report the incident to the police?	<input type="checkbox"/>	Yes- Give Details	<input type="checkbox"/>	NO- Go to question 6
	Date		Time	
	Police Station		Event Number	
	Name of Officer			

6. Did police attend the incident?	<input type="checkbox"/>	Yes- Go to Next Question	<input type="checkbox"/>	NO- Go to Next Question
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7. Did the police advise they were taking any action?	<input type="checkbox"/>	Yes- Give Details	<input type="checkbox"/>	NO- Go to next Question

8. Did you make a statement to the police?	<input type="checkbox"/>	Yes- Attach Details	<input type="checkbox"/>	No
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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				
	Last Name or Family Name				
	Given Name(s)				
	Unit/house number		Street/Avenue		
	Town/suburb			Postcode	
	Phone		Mobile		
	Email Address				

2. Where did the incident occur?	
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3. What Happened?

4. Did anyone else witness the incident?	<input type="checkbox"/>	Yes- Give name(s) and address	<input type="checkbox"/>	No- Go to next question
	Title Mr, Mrs, Ms, Miss			
	Last Name or Family Name			
	Given Name(s)			
	Unit/house number		Street/Avenue	
	Town/suburb			Postcode
	Phone		Mobile	
	Email Address			

5. Did you report the incident to the police?	<input type="checkbox"/>	Yes- Give Details	<input type="checkbox"/>	No- Go to question 6
	Date		Time	
	Police Station		Event Number	
	Name of Officer			

6. Did police attend the incident?	<input type="checkbox"/>	Yes- Go to Next Question	<input type="checkbox"/>	No- Go to Next Question
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7. Did the police advise they were taking any action?	<input type="checkbox"/>	Yes- Give Details	<input type="checkbox"/>	No- Go to next Question

8. Did you make a statement to the police?	<input type="checkbox"/>	Yes- Attach Details	<input type="checkbox"/>	No
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NOTE: if there is another incident continue to incident 3, if not go to Consent and Declaration Section

Incident 3		Date:		Time:	
1. Name and address of person(s) involved in the incident	Title Mr, Mrs, Ms, Miss				
	Last Name or Family Name				
	Given Name(s)				
	Unit/house number		Street/Avenue		
	Town/suburb			Postcode	
	Phone			Mobile	
	Email Address				

2. Where did the incident occur?	
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3. What Happened?

4. Did anyone else witness the incident?		Yes- Give name(s) and address		No- Go to next question
	Title Mr, Mrs, Ms, Miss			
	Last Name or Family Name			
	Given Name(s)			
	Unit/house number		Street/Avenue	
	Town/suburb			Postcode
	Phone			Mobile
	Email Address			

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

6. Did police attend the incident?		Yes- Go to Next Question		No- Go to Next Question
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7. Did the police advise they were taking any action?		Yes- Give Details		No- Go to next Question

8. Did you make a statement to the police?		Yes- Attach Details		No
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NOTE: if there is another incident continue to incident 4, if not go to Consent and Declaration Section

Incident 4		Date:		Time:	
1. Name and address of person(s) involved in the incident	Title Mr, Mrs, Ms, Miss				
	Last Name or Family Name				
	Given Name(s)				
	Unit/house number		Street/Avenue		
	Town/suburb			Postcode	
	Phone			Mobile	
	Email Address				

2. Where did the incident occur?	
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3. What Happened?
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4. Did anyone else witness the incident?		Yes- Give name(s) and address		No- Go to next question
	Title Mr, Mrs, Ms, Miss			
	Last Name or Family Name			
	Given Name(s)			
	Unit/house number		Street/Avenue	
	Town/suburb			Postcode
	Phone			Mobile
	Email Address			

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

6. Did police attend the incident?		Yes- Go to Next Question		No- Go to Next Question
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7. Did the police advise they were taking any action?		Yes- Give Details		No- Go to next Question
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8. Did you make a statement to the police?		Yes- Attach Details		No
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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

PRIVACY NOTICE

Consent and Declaration

If you are prepared to give evidence to the NSW Civil and Administrative Tribunal (NCAT) please read and sign the notice below. If you are not prepared to give evidence this may limit Compass' ability to successfully take action at the NCAT.

Consent and Authority

- I am prepared to give evidence to the NSW Civil and Administrative Tribunal.
- I also authorise Compass Housing Services to confirm information provided by me with any third party and/or any such third party to provide Compass Housing Services with any relevant documentation or information sought by Compass Housing Services when determining or supporting this statement.

Full name (please print)	
Signature	
Date	

Declaration

- To the best of my Knowledge, the information provided in this form is correct.
- I understand there are penalties for giving false or misleading information.

Full name (please print)	
Signature	
Date	

Declaration from person assisting witness/complainant

Is there another person helping you to fill out this form?	<input type="checkbox"/>	Yes- That person should read and sign the declaration below	<input type="checkbox"/>	No- Go to next Question
	<ul style="list-style-type: none">• I filled in this form on the basis of the information the complainant/witness gave me.• I have read out the form and the answers to the complainant/witness who seemed to understand them.• I understand there are penalties for giving false or misleading information.			
Full name (please print)				
Signature				
Date				
Contact phone Number				