

# SERIOUS INCIDENT REPORT FORM

**Document No: HS113.3**

This form is to be used by a complaint or witness when reporting an incident relating to an Evolve Housing tenancy.

For information or assistance with this form, phone your Housing Manager on **02 8862 1500**.

Please provide as much information as possible. If you need more room to answer any questions, please include details on a separate page and attach it to this form.

## YOUR DETAILS

Title:	First Name:	Surname:	
Unit/House No.		Street	
Town/Suburb:		Postcode:	
Phone (home):		Mobile:	
Email address:			

## Details of person(s) you are complaining about

Title:	First Name:	Surname:	
Unit/House No.		Street	
Town/Suburb:		Postcode:	
Phone (home):		Mobile:	
Email address:			

## Details of incident

- Where were you when the incident occurred? (e.g. at my house across the road)  

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- What were you doing when the incident occurred?  

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- Did anyone else witness the incident?  

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- What did you see? (Be specific. Do not provide details of history, only what you saw)  

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Evolve Housing is committed to respecting and protecting the privacy and rights of individuals in relation to their personal information. Our Privacy Policy outlines how we collect, use, store and disclose information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). Please refer to our Privacy Policy on the Evolve Housing website if you would like more detailed information. You may also request a copy of the Privacy Policy from any Evolve Housing employee.

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Details of incident continued

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5. Where was the alleged offending person(s)?

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6. What was the alleged offending person(s) doing?

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7. How did this affect you?

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8. Were the police called? Please tick correct box.)

YES

NO

9. Who called the police?

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10. Enter Police even number:

11. Is there a police statement?

YES

NO

## Consent and Declaration

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Under the Housing Act 2001, the Privacy and Personal Information Act 1998 and the Health Records and Information Privacy Act 2002, your consent is needed before Evolve Housing can exchange your personal information (including health information) with another party unless required or authorises by law to do so.

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

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## Consent and Authority (WHO???)

I am prepared to give evidence to the NSW Civil & Administrative Tribunal (NCAT)

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Full name (please print):

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Signature:

Date:

## Declaration (WHO???)

I authorise Evolve Housing to confirm information provided by me with any third party and/or such third party to provide Evolve Housing with any relevant documentation or information sought by Evolve Housing when determining or supporting this statement.

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Full name (please print):

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Signature:

Date:

## (WHO???)

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.

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Full name (please print):

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Signature:

Date:

**Declaration from person assisting witness/complainant**

Is there another person helping you to fill out this form? (Please tick a box.).

YES ↓

NO

Person assisting is to read and sign the declaration below.

1. I filled in this form on the basis of the information the complainant/witness gave me.
2. I have read out the form and the answers to the complainant/witness who seemed to understand them.
3. I understand there are penalties for giving false or misleading information.

Full name (pleaseprint):

Phone:

Signature:

Date:

**Checklist**

Action proposed or taken (tick ALL that is appropriate)

<input type="checkbox"/> Acknowledgement letter sent to witness	<input type="checkbox"/> Referral to CJC
<input type="checkbox"/> Contact by phone/letter to discuss allegations	<input type="checkbox"/> Referral to tenant support worker
<input type="checkbox"/> Warning letter sent to offender	<input type="checkbox"/> Referral to support services
<input type="checkbox"/> NOT issued	<input type="checkbox"/> Final warning letter sent
<input type="checkbox"/> No breach - No further action letter sent	<input type="checkbox"/> NCAT action required
<input type="checkbox"/> Provide complaint/tenant with relevant fact sheets	<input type="checkbox"/> Closed — letter sent to all parties
<input type="checkbox"/> Conduct block/street meeting	<input type="checkbox"/> Interview letter sent
<input type="checkbox"/> Consider relocation of the complainant	<input type="checkbox"/> Encourage complainant to try and resolve the matter with person(s) allegedly causing the problem(s)

**Processed by:(WHO???)**

Full name (pleaseprint):

Phone:

Signature:

Date: