



|  |   |   |
|--|---|---|
| 1.7 Did Police advise they were taking any action? | Yes <input type="checkbox"/> ↓ Give Details | No <input type="checkbox"/> go to next question |
|  |   |   |
|  |   |   |
|  |   |   |
| 1.8 Did you make a statement to the Police         | Yes <input type="checkbox"/> Attach Details | No <input type="checkbox"/>                     |

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

**Details of Incident 2**                      **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

|                                      |   |
|--------------------------------------|---|
| 1.1 Name of the Person(s) involved1. |   |
| Address:                             |   |
| 1.2 Where did the incident occur?    |   |
| 1.3 What happened?                   |   |
|                                      |   |
|                                      |   |
|                                      |   |
| 1.4 Did anyone witness the incident  | Yes <input type="checkbox"/> ↓    No <input type="checkbox"/> go to next question |
| Name:                                |   |
| Address:                             |   |
| Contact Details:                     |   |

|  |   |   |
|--|---|---|
| 1.5 Did you report the Incident to the Police      | Yes <input type="checkbox"/> ↓              | No <input type="checkbox"/> go to next question |
|  | Date:                                       |   |
|  | Time:                                       |   |
|  | Event No:                                   |   |
|  | Officers Name:                              |   |
|  | Station Name:                               |   |
| 1.6 Did the police attend the incident             | Yes <input type="checkbox"/> ↓              | No <input type="checkbox"/> go to next question |
| 1.7 Did Police advise they were taking any action? | Yes <input type="checkbox"/> ↓ Give Details | No <input type="checkbox"/> go to next question |
|  |   |   |
|  |   |   |
|  |   |   |
| 1.8 Did you make a statement to the Police         | Yes <input type="checkbox"/> Attach Details | No <input type="checkbox"/>                     |

If there are more incidents to report, please use another form and attach it this this one.

## Consent and Declaration

Under the Housing Act 2001, the Privacy and Personal Information Act 1998 your consent is needed before Dreamtime Housing can exchange your personal 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 Dreamtime Housing's ability to successfully take action against a tenancy at the NCAT.

|                              |  |
|------------------------------|--|
| <b>Consent and Authority</b> | I am prepared to give evidence to the NSW Civil and Administrative Tribunal (NCAT)   |
|                              | I also authorise Dreamtime Housing to confirm information provided by me with any third party and/or any such third party to provide Dreamtime Housing with any relevant documentation or information sought by Dreamtime Housing when determining or supporting this statement. |
| Full name (print print)      |  |
| Signature                    |  |
| Date                         |  |

## Declaration from person assisting witness/complaint.

|   |   |                             |
|---|---|-----------------------------|
| Is there another person helping you fill out this form? | Yes <input type="checkbox"/> ↓ That person should read and sign the declaration below               | No <input type="checkbox"/> |
|   | 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:                                   |   |                             |