

Ngarranggarni Ltd

38 Aberford Street PO BOX 30 Coonamble NSW 2829

Serious Incident Diary

To be completed by a person who is experiencing serious ongoing or persistent problem with a Dreamtime Housing tenant. For information or assistance with this form please call Dreamtime Housing on 1800 570 849

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					
Details					
Name:					
Address:					
Contact Information (Phone/Email)					
Details of Incident 1 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 □ ↓	No \square go to next question			
Name:					
Address:					
Contact Details:					
1.5 Did you report the Incident to the Police	Yes□ ↓	No □ go to next question			
	Date:				
	Time:				
	Event No:				
	Officers Name:				
	Station Name:				
1.6 Did the police attend the incident	Yes □ ↓	No □ go to next guestion			

1.7 Did Police advise they were taking any action?		Yes □	↓ Give Details	i	No □ go to next question
1.8 Did you make a statement to the Police)	Yes □ At	tach Details		No □
NOTE: If there is another incident, please	continue to	o Incident 2. If	f not go to Con	sent and De	eclaration Section.
Details of Incident 2 Date:		Ti	me:		
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 □ ↓		No	□ go to next question
Name:					
Address:					
Contact Details:					
1.5 Did you report the Incident to the	Yes □	\downarrow	No □ go to n	ext question	n
Police	Date:				
	Time:				
	Event No	o:			
	Officers	Name:			
	Station I	Name:			
1.6 Did the police attend the incident	Yes □	\downarrow	No □ go to n	ext question	n
1.7 Did Police advise they were taking	Yes □	↓ Give Deta	ils	No □ g	go to next question
any action?					
1.8 Did you make a statement to the Police	Yes □ A	ttach Details		No □	

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.

Consent and Authority	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 □ √That person should read and sign the declaration below	No □		
	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:				