

# Witness Incident

Please print in BLOCK LETTERS with a black or blue pen

This form is to be used by a complainant or witness when reporting an incident relating to a Department of Communities and Justice (DCJ) tenancy. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. 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.

## Your details

Title	<input type="text"/>		
Mr, Mrs, Ms, Miss, Mx			
Last name or family name	<input type="text"/>		
Given name (s)	<input type="text"/>		
Unit/House number	<input type="text"/>	Street/Avenue	<input type="text"/>
Town/Suburb	<input type="text"/>	Postcode	<input type="text"/>
Contact number	<input type="text"/>		
Email address	<input type="text"/>		

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

Title	<input type="text"/>		
Mr, Mrs, Ms, Miss, Mx			
Last name or family name	<input type="text"/>		
Given name (s)	<input type="text"/>		
Unit/House number	<input type="text"/>	Street/Avenue	<input type="text"/>
Town/Suburb	<input type="text"/>	Postcode	<input type="text"/>
Contact number	<input type="text"/>		

## Details of incident

1. When did the event take place?	Time	<input type="text" value="AM / PM"/>
	Date	<input type="text" value="DD / MM / YYYY"/>
2. Where were you when the incident occurred? (for example: at my house across the road)	<input type="text"/>	
3. What were you doing when the incident occurred?	<input type="text"/>	
4. Did anyone else witness the incident? (Provide details)	<input type="text"/>	
5. What did you see? (Be specific. Do not provide details of history, only what you saw)	<input type="text"/>	
6. Where was the alleged offending person(s)?	<input type="text"/>	

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

8. How did this affect you?

9. Were the police called?

Yes

No — go to Consent and

10. Who called the police?

11. Police event number

12. Is there a police statement?

Yes — please attach a copy

No

## Consent and Declaration

### 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.dcj.nsw.gov.au/site\\_information/privacy](http://www.dcj.nsw.gov.au/site_information/privacy) or by calling: 02 9377 6000.

If you are prepared to give evidence to the NSW Civil and Administrative Tribunal (NCAT) and you consent to this statement being used as evidence in the NCAT, please read and sign the notice below. Please note that the opposing party in the NCAT will be given a copy of this statement. If you are not prepared to give evidence this will limit DCJ's ability to successfully take action against a tenancy at the NCAT.

## Consent and Authority

- I am prepared to give evidence at the NSW Civil and Administrative Tribunal (NCAT) and consent to this statement being used as evidence in the NCAT.

Full name ( please print)

Signature

Date

- I authorise DCJ to confirm information provided by me with any third party and/or any such third party to provide DCJ with any relevant documentation or information sought by DCJ when determining or support 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?

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 number

**Office Use Only**

Action proposed or taken (tick ALL that is appropriate)

Acknowledgement letter sent to witness

Referral to CJC

Contact by phone/letter to discuss allegations

Referral to support services

Warning notice sent

Final warning letter sent

Strike notice sent

NCAT action required

MOU requested

Closed - letter sent to all parties

NOT issued

Interview letter sent

No breach - No further action letter sent

Applying visitor sanction to tenant

Provide complainant/tenant with relevant fact sheets

Conduct block/street meeting

Encourage complainant to try and resolve the matter with person(s) allegedly causing the problem(s)

Consider relocation of the complainant

Interview date

**Processed by:**

Full name (please print)

Signature

Date