

Incident Diary

To be completed by a person who is experiencing serious ongoing or persistent problems with a HOME in PLACE 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 to this form.

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

2. Where did the incident Occur?	
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3. What Happened?
<i>NOTE: please keep information factual and concise</i>

4. Did anyone witness the incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please complete details, if NO please move to next section	Title: Mr, Mrs, Ms, Miss			
	Last / Family Name			
	Given Name (s)			
	Unit/House number	Street name		
	Town / Suburb	Postcode		
	Phone #	Mobile #		
	Email Address			

5. Did you report the incident to the Police?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please provide details, if NO please move to next section	Date	Time		
	Police Station			
	Event Number			
	Name of Officer			

6. Did police attend the incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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7. If police attended, did they advise they were taking any action?	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Provide details of action taken, if any.					

8. Did you make a statement to Police?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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NOTE: if there are further incidents, please continue to incident 2, if not please go to Consent and Declaration Section

Incident 2		Date	Time
1. Name and address of the person(s) involved in the incident	Title: Mr, Mrs, Ms, Miss		
	Last / Family Name		
	Given Name (s)		
	Unit/House number	Street Name	
	Town / Suburb	Postcode	
	Phone #	Mobile #	
	Email Address		

2. Where did the incident Occur?	
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3. What Happened?
<i>NOTE: please keep information factual and concise</i>

4. Did anyone witness the incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please complete details, if NO please move to next section	Title: Mr, Mrs, Ms, Miss			
	Last / Family Name			
	Given Name (s)			
	Unit/House number	Street name		
	Town / Suburb	Postcode		
	Phone #	Mobile #		
	Email Address			

5. Did you report the incident to the Police?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please provide details, if NO please move to next section	Date		Time	
	Police Station			
	Event Number			
	Name of Officer			

6. Did police attend the incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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7. If police attended, did they advise they were taking any action?	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Provide details of action taken, if any.					

8. Did you make a statement to Police?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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NOTE: if there are further incidents, please continue to incident 3, if not please go to Consent and Declaration Section

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

2. Where did the incident Occur?	
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3. What Happened?
<i>NOTE: please keep information factual and concise</i>

4. Did anyone witness the incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please complete details, if NO please move to next section	Title: Mr, Mrs, Ms, Miss			
	Last / Family Name			
	Given Name (s)			
	Unit/House number		Street name	
	Town / Suburb			Postcode
	Phone #		Mobile #	
	Email Address			

5. Did you report the incident to the Police?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please provide details, if NO please move to next section	Date		Time	
	Police Station			
	Event Number			
	Name of Officer			

6. Did police attend the incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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7. If police attended, did they advise they were taking any action?	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Provide details of action taken, if any.					

8. Did you make a statement to Police?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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NOTE: if there are further incidents, please include details on a separate page and attach to this form, if not please go to Consent and Declaration Section

Privacy Notice

Consent and Declaration

If you are prepared to give evidence to the QLD Civil and Administrative Tribunal (QCAT), please read and sign the notice below. If you are not prepared to give evidence this may limit HOME in PLACES ability to successfully take action at the QCAT.

Consent and Authority

- I am prepared to give evidence to the QLD Civil and Administrative Tribunal.
- I also authorise HOME in PLACE to confirm information provided by me with any third party and/or any such third party to provide HOME in PLACE with any relevant documentation or information sought by HOME in PLACE 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.

Declaration from person assisting witness/complainant

Is there another person assisting you to complete this form?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>NOTE: if you answered YES, please have that person read and sign the below declaration</i>				
<ul style="list-style-type: none"> • I filled in this form based on 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			