



Incident log

SGCH Customers may use this document to record incidents of noise and other behaviour that disturbs the peace and quiet enjoyment of their home, by other residents.

Incident 1

Date of incident	
Time and duration of incident	
Location of incident	
Details of incident	
Did you report the incident to Police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Police Station / Police Officer	
Police Event Number? (if known)	
Did police attend the incident location?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you make a statement to police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did anyone else witness the incident? (Give name and address if Yes)	<input type="checkbox"/> No <input type="checkbox"/> Yes → Details:

NOTE: If there is another incident continue to Incident 2, if not go to Declaration Section on page 6.



Incident 2

Date of incident	
Time and duration of incident	
Location of incident	
Details of incident	
Did you report the incident to Police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Police Station / Police Officer	
Police Event Number? (if known)	
Did police attend the incident location?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you make a statement to police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did anyone else witness the incident? (Give name and address if Yes)	<input type="checkbox"/> No <input type="checkbox"/> Yes → Details:

NOTE: If there is another incident continue to Incident 3, if not go to Declaration Section on page 6.



Incident 3

Date of incident	
Time and duration of incident	
Location of incident	
Details of incident	
Did you report the incident to Police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Police Station / Police Officer	
Police Event Number? (if known)	
Did police attend the incident location?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you make a statement to police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did anyone else witness the incident? (Give name and address if Yes)	<input type="checkbox"/> No <input type="checkbox"/> Yes → Details:

NOTE: If there is another incident continue to Incident 4, if not go to Declaration Section on page 6.



Incident 4

Date of incident	
Time and duration of incident	
Location of incident	
Details of incident	
Did you report the incident to Police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Police Station / Police Officer	
Police Event Number? (if known)	
Did police attend the incident location?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you make a statement to police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did anyone else witness the incident? (Give name and address if Yes)	<input type="checkbox"/> No <input type="checkbox"/> Yes → Details:

NOTE: If there is another incident continue to Incident 5, if not go to Declaration Section on page 6.



Incident 5

Date of incident	
Time and duration of incident	
Location of incident	
Details of incident	
Did you report the incident to Police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Police Station / Police Officer	
Police Event Number? (if known)	
Did police attend the incident location?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you make a statement to police?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did anyone else witness the incident? (Give name and address if Yes)	<input type="checkbox"/> No <input type="checkbox"/> Yes → Details:

NOTE: If there is another incident please include details on a separate page and attach it to this form, if not go to Consent and Declaration Section on page 6.



Declaration

To the best of my knowledge, I confirm that the information provided above is true and correct.

Full Name	
Address	
Signature & Date	

Consent to use information in court

Do you consent to the information you have provided being used as evidence at the NSW Civil and Administrative Tribunal and/or any other court?
Note: If the information provided is used as evidence, you may be required to attend the hearing/s in person to give evidence and the other party may become aware of the information you have provided.

- Yes - I give consent and acknowledge I may be required to attend hearings.
 No - do not use this information as evidence in court.

Privacy Notice

Personal information that we (St George Community Housing Limited and its subsidiaries) hold may be used by us and shared with others when we deliver services, while we conduct our business or to meet our legal duties. We may also use your information for reporting purposes to meet our contractual or regulatory obligations, or to improve our services.

We may share your information with third parties if you have given us permission, or if we are legally required or authorised to share the information. Information that we hold may be stored using an overseas data storage provider.

We will meet our legal duties when collecting, using, and managing your personal and/or sensitive information.

If you choose not to provide your personal and/or sensitive information to us, we may not be able to provide services to you.

Our Privacy Policy has information about how you can access and/or correct your personal information and how you can make a complaint about your privacy.

You can read our Privacy Policy and get more information about privacy from our website www.sgch.com.au or by calling our office on 1800 573 370 or by emailing privacyofficer@sgch.com.au.