

## Incident Diary

This form is for information about **one** incident only. If there is a second incident on the same day or night, please complete a new form.

### When did the incident happen?

**Date of incident** (If overnight write both dates – e.g 12/13<sup>th</sup> March 1997)

**Time of incident** (cross out am or pm)

Day ..... Month ..... Year .....

Start ..... am/pm Finish ..... am/pm

### Where did it happen?

Put the address where the incident happened – **not** your own address unless it's the same

House/flat number ..... Road ..... Outside/inside? .....

### Who did it, or who was involved?

Put the name and address of the person or people responsible. If you don't know them write, "don't know". Please provide a description of the person(s) e.g. male/female, approximate age, height, clothing worn and any distinguishing features.

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### What happened?

Write down exactly what **you** saw and heard. If someone else saw or heard other things they must fill in their own diary. Put all the words in full, including swear words.

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.....  
..... please continue on the other side of the form if you need to

### Any witnesses?

Did anyone else see/hear the incident? Put their name(s) and address(es). Have they filled in their own diary sheet? Y N

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### Have you reported it?

Have you told organisations like the Police, Social Services, local Housing Team? If so, write down who you spoke to and where and when you made the report. (If you have reported it to the Police, put the officer's number and the incident number)

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### How has it affected you?

Write down the way the incident has made you feel. Include it's affect on people who live with you. For instance, has it stopped you sleeping, frightened your children and so on? Are you more affected because of age or ill health?

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**Your signature** "I believe that the information I have given above is a true description of what I saw and/or heard. I consent to this information, if necessary, being given in evidence in any further action the Council deems appropriate."

Signed ..... Print name ..... Date .....

Address

.....please turn over

## Address