



NSW Civil and Administrative Tribunal Witness Statement

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a person making a written statement for the NSW Civil and Administrative Tribunal about an incident relating to a Department of Family and Community Services (FACS) 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 for your statement, please include details on a separate page and attach it to this form.

I, the undersigned (provide full details)

Title

Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Of (residential address)

Unit/House number Street/Avenue

Town/Suburb Postcode

Do hereby state as follows

Declaration

To the best of my knowledge this statement made by me accurately sets out the evidence which I would be prepared, if necessary, to give in the NSW Civil and Administrative Tribunal as a witness.

I understand that there are penalties for giving false or misleading information.

Pursuant to section 26 (2) of the *Privacy and Personal Information Protection Act 1998*, I acknowledge and consent to the collection of the information and the disclosure of this information.

Name of witness (please print)

Signature

Date

Signature of FACS Officer

Date