

INCIDENT REPORTING FORM

ANTI-SOCIAL BEHAVIOUR



PortAugusta
CITY COUNCIL

Please complete this form in **BLOCK LETTERS** and return to: PORT AUGUSTA CITY COUNCIL
4 Mackay Street, PORT AUGUSTA SA 5700
Phone: (08) 8641 9100
Email: admin@portaugusta.sa.gov.au

Part 1 – Contact Details

Name of Person Reporting:

Phone:

Part 2 – Incident Details

Date:

Time:

Location (address/ business name/ description):

Persons Involved:

☐ Youth

☐ Adults

Number of persons Involved:

Nature of Incident:

☐ Aggressive Behaviour

☐ Drinking in dry-zone

☐ Illegal Camping

☐ Other _____

Notification Made:

☐ SAPOL

☐ Council

☐ MAPs

☐ Other _____

Brief Incident Description:

Outcome:

Any Other Comments:

I hereby confirm that the information provided is accurate to the best of my knowledge at the time of reporting.

I agree to be contacted on the telephone number provided, should Council require any clarification on the incident details provided in this report.

Any personal information submitted to the Port Augusta City Council will be dealt with in accordance with Council's *Privacy Policy 2.7.03*, the *Freedom of Information Act 1991* and the *Local Government Act 1999*. Personal information may be disclosed by Council to other Government agencies, where it is deemed appropriate that the agency be notified of any reported incidents' of anti-social behaviour.

Name: _____

Signature: _____

Date: _____