

# Victim Impact Statement to the Tribunal

*Mental Health Act 2016 Queensland  
Sections 742 & 743  
October 2022 – v2*

- ◆ A victim of the relevant unlawful act, or a close relative of the victim, may give the Tribunal a victim impact statement in relation to the act.
- ◆ **The Tribunal must not disclose the victim impact statement to the person the subject of the review unless the victim or close relative asks that it be disclosed.**
- ◆ If there is a request that the victim impact statement be disclosed, the Tribunal may prohibit the disclosure if satisfied it may adversely affect the health or wellbeing of the patient.
- ◆ The Tribunal retains the discretion to endorse or remove conditions on a person's order and utilises a wide variety of information, including the information within a victim impact statement, to make this decision.

## Patient's details

Given name/s	Family name
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## Details of person submitting material

Given name/s	Family name
Address (if you are not in contact with the Queensland Health Victim Support Service)	

## Relationship to Patient

- I am the direct victim of an alleged offence committed by the patient
- I am a relative of the direct victim. **If you are a relative of the victim, please specify your relationship to the victim**
- \_\_\_\_\_
- Other (specify) \_\_\_\_\_

## Restrictions on disclosing victim impact statements

**Your victim impact statement will not be disclosed to the patient unless you ask for it to be disclosed to them. Please note, even if you make a request that your statement be disclosed to the patient, the Tribunal has the discretion to prohibit disclosure to the patient under certain circumstances.**

Do you want your Victim Impact Statement to be disclosed to the patient?  Yes  No

## Information for the Tribunal

Does the material you are putting forward have to do with any of the following?

- Whether to revoke a Forensic Order or Treatment Support Order
- Whether to approve treatment in the community
- The conditions that are placed on treatment in the community
- Other (specify) \_\_\_\_\_

**Please use the space provided over the page to complete your statement.**

Signature	Date / /
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**Thank you for completing this Statement. Please return it to the Tribunal by one of the following methods:**  
**Post to:** MHRT, PO Box 15818, City East, Brisbane, QLD, 4002  
**Fax to:** (07) 3234 1540  
**Email to:** enquiry@mhr.t.qld.gov.au

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## Information for the Tribunal

In this section you can include your views about any of the following:

- your knowledge of the patient's illness or behaviour
  - how the patient's behaviour has affected you
  - whether you feel at risk of harm from the patient
  - how you could be at risk
  - whether you are concerned about coming into contact with the patient, and if so, why and where to do you think that contact may occur
  - whether there are any specific conditions that may be put in place to protect your safety
  - any other information that will help the Tribunal make its decision
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<b>Name:</b>	<b>Page Number:</b>
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