

PERSONAL DETAILS

The details you have provided to us so far will be recorded for monitoring purposes.

If you wish this incident to be investigated please include how you would prefer to be contacted.

Your name

Your address

Postcode

Telephone number

E-mail

Please tell us how you would prefer to be contacted e.g. only at a certain time or location.

Agency contact for help and support

Do you agree to this information being passed to your local agency partnership?

Incident details only
My details

Yes No
 Yes No

Office use

You can be a victim of hate crime because of your race, religion, disability, sexual orientation or gender.

Providing us with your details will enable us to investigate the incident. Your information may also contribute to the arrest and/or prosecution of the offender/s.

Reporting Hate Crime

By completing this form you will enable the police to build up patterns of behaviour, areas of concern and provide us with a 'True Vision' of hate crime within your community.

Recording Hate Crime

WHY REPORT HATE CRIME?

ONCE COMPLETED PLEASE RETURN THIS FORM IN THE ENVELOPE PROVIDED.

YOU CAN ALSO HAND IT IN AT YOUR LOCAL POLICE STATION OR POST IT TO

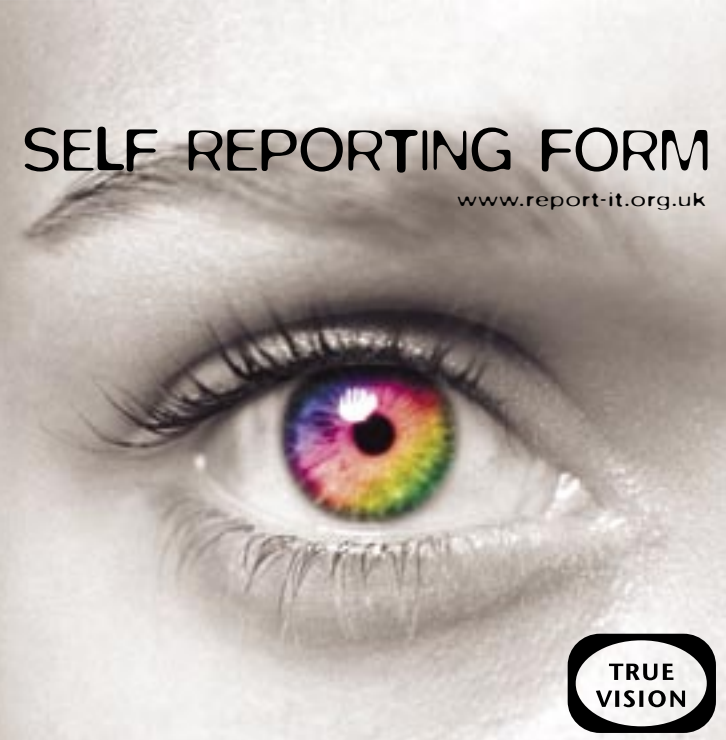
www.report-it.org.uk



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SELF REPORTING FORM

www.report-it.org.uk



HOW DO I USE THIS FORM?

This form has been designed for you to report any form of hate crime that you may have directly experienced, witnessed or are reporting on behalf of someone else. You can report all types of hate crime, including damage, assault, verbal abuse and harassment. Sometimes you may feel that the incident is too minor to bother the police. It is, however, still important to tell us what's happened.



ABOUT THE INCIDENT

Are you the victim or a witness?

- Victim Witness Third party

What do you think motivated this crime?

- Racism Religion Disability
 Homophobia (sexual orientation) Transphobia (gender)
 Domestic abuse

Tell us about the incident in your own word's, giving as much as detail as possible (please use a separate sheet if necessary):

When did the incident take place?

Time Day Date

When did it happen?

Street name / location

Town / City

Were there any injuries?

- Yes (if 'yes' please give details) No

Did any loss or damage to property result from the incident?

- Yes (if 'yes' please give details) No

ABOUT THE VICTIM

Age Gender Date of birth

First language

To help us to deal with hate crime correctly, please tick how you would describe yourself.

Religion/Belief

- Buddhist
 Christian
 Hindu
 Jewish
 Muslim
 Rastafarian
 Sikh
 Other
 No religion
 Prefer not to say

Ethnicity

- White British
 White Irish
 Any other white background
 White & Black Caribbean
 White & Black African
 White & Asian
 Any other mixed background
 Indian
 Pakistani
 Bangladeshi
 Black Caribbean
 Black African
 Any other black background
 Chinese
 Any other ethnic group
 Prefer not to say

Sexual Orientation

- Heterosexual
 Bisexual
 Gay/Lesbian
 Prefer not to say

Are you from a gypsy or traveller community?

- Yes No Prefer not to say

ABOUT THE OFFENDER(S)

How many offenders were there?

Do you know them?

- Yes No

If 'yes' please give names and if possible addresses).

Can you give a description?

(Consider age, sex, height, ethnicity, build and clothing).

Please describe any distinguishing marks or features about the person.

Was a vehicle used?

Please describe the vehicle e.g. colour, make, model