

HATE INCIDENT REPORTING FORM

(Information will be treated in the strictest of confidence)

SECTION A: ABOUT THE INCIDENT

Are you: the Victim a Witness a Third Party

What do you feel motivated this incident?

- Racism Religion Disability
 Homophobia Transphobia (Gender) Age

Type of incident(s) - Tick more than one box if appropriate

- | | | | |
|-------------------------------------|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Verbal Abuse | <input type="checkbox"/> Assault | <input type="checkbox"/> Damage to Property |
| <input type="checkbox"/> Disputes | <input type="checkbox"/> Nuisance | <input type="checkbox"/> Hate Mail | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Threat | <input type="checkbox"/> Graffiti | <input type="checkbox"/> Malicious Phone Calls |

Other

Time of incident am/pm Date

Location (e.g. home, work, street name, etc)

Have similar incidents happened before? No Yes If yes, when

Have you reported this incident to any one else? No Yes If yes, who

Brief Description of incident(s) or actions

(Please indicate if other family members are affected)

SECTION B: ABOUT THE VICTIM

Gender Male Female

Age Group Under 16 16-24 25-34 35-44 45-55 Over 55

Ethnic Origin (Tick as appropriate)

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black African | <input type="checkbox"/> Indian | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Any Other Ethnic Group |
| <input type="checkbox"/> Any other White Background | <input type="checkbox"/> Any other Black Background | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Prefer not to Answer |
| | | <input type="checkbox"/> Any other Asian Background | <input type="checkbox"/> Any other Mixed Background | <input type="checkbox"/> Self Definition (Below) |

SECTION C: ABOUT THE PERPETRATORS

How many perpetrators were there?

Gender Male Female

Age Group Under 16 16-24 25-34 35-44 45-55 Over 55

Ethnicity

Additional Information

(Please provide any additional information about the perpetrators including names and addresses if known. Any information provided will be treated in the strictest confidence.)

(Please also provide us with some information about what we could do to make the situation better)

SECTION D: AUTHORISATION

I authorise my complaint to be disclosed to other agencies as indicated below.

MAP (Multi agency panel)

Others (Please state who)

Signature

Date

Contact Details (Optional)

Name

Tel: No

Address

Postcode

E-mail

Preferred method of contact

Name of Reporting Centre:

Report Taken By:

Individual Reference No:

PLEASE SEND COMPLETED REPORTING FORM TO report@unitedagainsthate.co.uk