

DISABILITY HATE CRIME / INCIDENT **REPORTING FORM**

This form is for the confidential reporting of hate crime and other hate incidents.

- Examples of hate incidents include verbal or written abuse, harassment or intimidation, damage to property or physical assault.
- Victims, witnesses and third party agencies can use the form.
Where the form states “You” or “Your”, it is referring to the victim and his/her experience, place of work etc.
- Where the victim gives permission, he/she will be contacted by Victim support who can provide help to deal with the incident.

A Hate Incident is defined as:

Any Non crime incident, which is perceived by the victim or any other person to be motivated by hostility or prejudice based on a persons disability.

A Hate Crime is defined as:

Any hate incident which constitutes a criminal offence, which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on a persons disability.

SECTION A. - ABOUT YOU (Victim/Witness/Third Party)

Do you require a BSL interpreter, alternative format or additional support?

Yes **No** (If yes, please give details)

Title (Mr, Mrs, Miss, Ms) (Please Circle)

Full Name _____

Address _____

_____ **Postcode** _____

Daytime Phone Number _____

Email: _____

Where did you hear about us? _____

Disability:

(It would assist us to understand what your disability is) _____

What is your preferred means of contact?

Phone Email Letter None

What is your preferred time of contact?

AM PM Either

SECTION B. – ABOUT THE INCIDENT

Were you the victim, witness or third party?

- Victim** **Witness** **Third Party**

What do you think motivated or contributed to the incident?

- Disability** **Other**

Tell us about the incident in your own words. Give as much detail as possible.

What have you done about or intend to do about the incident?

If already reported to the Police, quote Log/Crime number.

Please classify the incident from the list below, ticking all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Abuse – verbal/gestures | <input type="checkbox"/> Abuse – phone/text/email |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Criminal Damage |
| <input type="checkbox"/> Cyber bullying | <input type="checkbox"/> Disputes/threats |
| <input type="checkbox"/> Emotional abuse e.g. blackmail | <input type="checkbox"/> Extremist Organisation |
| <input type="checkbox"/> Gang involvement | <input type="checkbox"/> Graffiti |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Mate Crime |
| <input type="checkbox"/> Missile | <input type="checkbox"/> Physical violence |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Written/printed | <input type="checkbox"/> Other – (Please Specify) |

Where did the crime/Incident take place?

- | | |
|---|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Pub / Restaurant |
| <input type="checkbox"/> Shops | <input type="checkbox"/> Park / Beach |
| <input type="checkbox"/> Public Transport | <input type="checkbox"/> Street |
| <input type="checkbox"/> Place of Education | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Work | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Local - Police / Health Authority Premises | |
| <input type="checkbox"/> Other (Please Specify) | |

Please supply address and postcode of the incident location

Address _____

_____ Post Code _____

When did the crime / incident take place?

Time _____ Day _____ Date _____

At the time of the incident, please tick if you think the perpetrator was under the influence of: Alcohol Drugs Not known

What made you think this?-

Have you experienced similar incidents before: Yes No

If Yes, please give details below, including Police log/crime number if appropriate:

What outcome would you like to see?

If you are not the victim, is this report being made with his/her knowledge? YES / NO (Please Circle)

Additional Comments

We may want to contact relevant organisations that may be able to help with this incident. You do not have to agree to us contacting these organisations, but if you do not, it may mean that we cannot get enough information to progress this matter.

If necessary, in order that the hate crime/incident can be investigated, do you agree to allow the information in this form to be passed to?

Another agency /organisation: Yes No

The Police: Yes No

Social Services: Yes No

Other Support Agencies Yes No

I agree to you contacting the relevant agencies, as in the statement above

Signature _____

Print Name _____

Date _____

CONTACT

- If you do not wish to be contacted, please tick here

 - If you wish to remain anonymous, please tick here
-

FOR WITNESS PURPOSES ONLY

Victim(s) Name:

Victim(s) Address:

Postcode:

Telephone Number:

Email Address:

SECTION D. - FOR AGENCY USE ONLY

Name of person completing form:

Name of Agency (if applicable):

Address and / or Email of Agency:

Telephone Number(s):

Date and Time Form Completed:

Additional Comments: