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.

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

Where did the crime/Incident take place?

- Home
- Shops
- Public Transport
- Place of Education
- Work
- Local - Police / Health Authority Premises
- Pub / Restaurant
- Park / Beach
- Street
- Residential Care
- Place of Worship
- 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:
<table>
<thead>
<tr>
<th><strong>SECTION D. - FOR AGENCY USE ONLY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of person completing form:</strong></td>
</tr>
<tr>
<td><strong>Name of Agency (if applicable):</strong></td>
</tr>
<tr>
<td><strong>Address and / or Email of Agency:</strong></td>
</tr>
<tr>
<td><strong>Telephone Number(s):</strong></td>
</tr>
<tr>
<td><strong>Date and Time Form Completed:</strong></td>
</tr>
<tr>
<td><strong>Additional Comments:</strong></td>
</tr>
</tbody>
</table>