



## Hate Crime Incident Common Reporting Form

# GUIDANCE NOTES TO HELP YOU COMPLETE THIS FORM

## (A) Recording Agency & Organisation Details

- (1) The purpose of Part 1 is to obtain detailed information about the person and/or organisation completing the form. Part 1 should be fully completed.

## (B) Victim Details

- (1) Please explain to the victim that all hate incidents can be reported anonymously and that victims do not have to give their personal details unless he/she specifically requests further assistance from agencies equipped to provide specialist information, advice and support.
- (2) Please advise the victim that the information contained in this form will be treated with confidence. However, you should emphasise that the fewer details they provide, the less chance there will be to take action against perpetrators.

### (3) Nationality:

This refers to the country of origin of the victim. The victim (especially asylum seekers, refugees, migrant workers and overseas students) should be asked to identify their country of origin, which may be different to Ethnicity.

### (4) Ethnicity:

The victim should be invited to 'self classify' their ethnic group from the following list of categories (based on the 2001 Census categories). Please enter the 'self-selected' ethnicity in the box provided or if the victim does not wish to self-select – enter '**declined to select**'

<i>White British</i>	<i>Asian Indian</i>	<i>Mixed White &amp; Black Caribbean</i>
<i>White Irish</i>	<i>Asian Pakistani</i>	<i>Mixed White &amp; Black African</i>
<i>White Other</i>	<i>Asian Bangladeshi</i>	<i>Mixed White &amp; Asian</i>
	<i>Asian Other</i>	<i>Mixed other</i>
<i>Black African</i>		
<i>Black British</i>	<i>Chinese</i>	<i>Iraqi</i>
<i>Black Caribbean</i>	<i>Gypsy Roma</i>	<i>Kurdish</i>
<i>Black Other</i>	<i>Gypsy Irish</i>	<i>Other Ethnic group</i>

### (5) Translator?

If the victim requires the services of a translator/interpreter please specify the language in the box provided.

### (6) Disability Access Needs?

Please use the box provided to give details. Eg, wheelchair user, walking impairment, etc.

## (C) Incident Details

- (1) Please state the date, day and time of the incident.
- (2) Please also state the exact setting of the incident by providing as much information as possible on the location. Please select from the following categories, which best describe the incident setting:

<i>At Home</i>	<i>At Victim's Business Premises</i>
<i>At Work</i>	<i>At Shopping Area</i>
<i>On Public Transport</i>	<i>In Licensed Premises</i>
<i>At Park/Leisure facility</i>	<i>In School/College</i>
<i>In the street</i>	<i>In Higher/Further Educational Establishment</i>
<i>Place of Worship</i>	<i>Other (please state)</i>

### (3) Type of Incident

Please tick the box(es) which best describe the type of behaviour involved in the incident that is being reported.

## (D) Witness Details

- (1) This part of the form should be completed as much as possible.

## (E) Offender/Perpetrator Details

- (1) This part of the form should be completed as much as possible. The 'ethnic origin of the offender' should be based on the victim's perception of the perpetrator(s). To assist the victim, please refer to the categories at (B)(4).

## (F) Sharing Information/Agency Referral

- (1) Sharing information with other agencies will enable a multi-agency response to provide the victim with the best possible support aimed at achieving a satisfactory outcome or result. The role of each organisation should be explained to the victim, who should then be invited to consent to the sharing of personal information they have provided. Please ensure that you tick Yes/No boxes for each agency.
- (2) It is important that a summary of the agreed actions is made clear to the victim and recorded on this form, so that they know what you intend to do with the information they have provided. Please ensure that you let them have your name, position and contact details. If at all possible, please also provide them with a copy of the completed form

## Hate Incident and Crime Report Form

**Please complete this form in as much detail as possible. Don't worry if you are unable to complete all the sections, however please ensure that you complete Parts 1 & 2. Guidance notes to assist you are provided at the end of the form – see CAPITAL letters and numbers in brackets.**

### Part 1 – Recording Agency & Organisation Details (A)

Name of Organisation	
Address:	
Telephone Number(s)	
Name of Officer/Worker	
Job Title	
Date form completed	

### Part 2 – Victim Details (B)

Last Name		First Names	
Address	Postcode		
Tel No*	Home:	Mobile/Other	
Date of Birth		Age	
Gender		Occupation	
Religion		Nationality (3)	
Ethnicity (4)			
School/College			

**Is the victim one of the following (please tick)**

Overseas Student		Asylum Seeker/Refugee		Gypsy/Traveller	
School Pupil		Migrant Worker		Tourist/Visitor	
Other (please specify)					

**Part 2 – Victim Details continued (B)**

Does the victim require a translator? (5)	<b>No</b>	<b>Yes</b>	
Which language(s) required			
Does the victim have disability access needs? (6)	<b>No</b>	<b>Yes</b>	
<b>Residential Status (please tick)</b>			
Council Tenant		Host Family/Student Accommodation	
Housing Association		Gypsy/Traveller Site	
Private Tenant		No Fixed Abode	
Owner Occupier		Other (please specify)	

**Part 3 - Incident Details (C)**

Date of Incident		Day of Incident		Time of Incident	
Incident Location (2)					
<b>Brief Description of Incident:</b>					
<b>Type of Incident - Tick multiple boxes if necessary) (3)</b>					
Physical Violence/Assault		Harassment		Weapons	
Arson or Fire Setting		Emotional Abuse		Missile Throwing	
Verbal Abuse		Graffiti		Gang Incident	
Threatening Behaviour		Hate Mail		Racist/Extremist Group	
Criminal Damage		Sexual		Public Disorder	
Spitting		Religious Abuse		Football related	
Other Type (please specify)					
<b>Please tick as appropriate</b>		<b>No</b>	<b>Yes</b>	<b>Please give details if possible</b>	
Were other victims involved?					
Is this incident been reported elsewhere?					
Does the victim want this incident reported to the police?					
Is this report being made with the knowledge of the victim?					
Has the victim experienced any similar incidents before?					
If this incident has already been reported to the police please supply Log Ref No:					

### Part 4 – Witness Details (D)

	Witness 1	Witness 2
Full Name		
Address		
Tel Number(s)		
How does this witness wish to be contacted?		
Please use this space to provide any other information about witnesses which you think might be important or helpful		

### Part 5 – Offender/Perpetrator Details (E)

How many offenders are involved?	No of Males?		No of Females?		
Does the victim know the offenders?	<b>No</b>		<b>Yes</b>		How?
Ethnic origin of the offender(s) (1)					
Please use this space to provide any other information about the offender(s) which you think might be important or helpful					

## Part 6 - Sharing Information/Agency Referral (F)

Where an incident appears to be criminal it is advisable to report this to the police. The choice of referring an incident must be with the victim alone. Notifying other relevant agencies who can help is most likely to lead to a satisfactory outcome for the victim.

Does the victim want this incident reported to the police <b>now</b> by telephone?	Yes		No	
If YES, please provide details of the date & time that the telephone call to the police was made.				

### Victim Consent & Authorisation:

**I understand that a number of organisations have powers to deal with the incident I am reporting on this form, or work together to provide me with support. By my signature below, I consent for my personal details to be shared with the following agencies indicated.** (Please tick Yes or No as appropriate)

Anti Social Behaviour Unit	<b>Yes</b>		<b>No</b>	
Devon & Cornwall Constabulary - Plymouth Diversity Unit	<b>Yes</b>		<b>No</b>	
Plymouth & District Racial Equality Council	<b>Yes</b>		<b>No</b>	
Plymouth City Council	<b>Yes</b>		<b>No</b>	
Housing Association/Landlord	<b>Yes</b>		<b>No</b>	
Victim Support	<b>Yes</b>		<b>No</b>	
School, College or University	<b>Yes</b>		<b>No</b>	
Doctor/GP/Health Worker	<b>Yes</b>		<b>No</b>	
Other (please specify)				

**Recording Officer - Agree Actions:** As the person completing this form, I have also agreed with the victim that I will do the following, on his/her behalf:

<b>Signature of Victim/Witness</b>		<b>Date</b>
<b>Signature of Recording Officer</b>		<b>Date</b>