


Hate Incident Reporting Form

A hate incident is any incident which is perceived to be motivated by hate by the victim or any other person. It can be a result of prejudice on the perceived or actual grounds of race or ethnic origin, disability, religious belief or similar philosophical belief, sexual orientation, age or gender identity. **If you believe a criminal act has been committed then please contact the Police.**

This form may be completed by any individual e.g. Victim, Witness, Council Officer or Councillor on behalf of a victim.

 All personal information provided to Bolsover District Council or North East Derbyshire District Council will be held and treated in confidence in accordance with the Data Protection Act 1998. It will only be used for the purpose of recording and monitoring hate incidents. Personal information collected within this form will not be shared in any instance unless you ask us to.

Victim or witness

Are you a..... Victim Witness Other e.g. Officer, Councillor

If you selected 'Other' please fill out the following information:

Name of the person taking the report:

Job title:

Contact details:

What time and date was the report received?

Motivation

What do you think motivated this incident?

Race Religion/belief Homophobia (sexual orientation)

Gender Age Disability Other

If you selected 'Other' please specify:

The incident

What is the nature of the incident you are reporting?

Damage to property Physical assault Intimidation

Verbal abuse/threats Offensive material Other - please specify

If you selected 'Other' please specify:

CCTV

Was the incident recorded on CCTV? Yes No Not sure

Please give details if appropriate

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.....

About the offender(s)

How many offenders were there? 1 2 3 4 5 or more Not Sure

Do you know them? Yes No

Can you name them? Yes No

If you know them, please give details including address etc?

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If you don't know them, can you describe the offenders? Please give as much detail as possible including; age, gender, ethnicity, anything distinctive e.g. tattoos.

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Vehicle details

Did the offender have a vehicle? Yes No Not sure

Vehicle make:.....

Vehicle colour:.....

Vehicle model:.....

Vehicle registration:.....

Any other details you can give about the vehicle - including direction of travel.

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Victim details

Have you been the victim of a hate crime in the last 12 months? Yes No

Have you already reported this incident to the Police? Yes No

If yes, What is the crime or incident number?

Monitoring information

If you do not wish to disclose certain information then please leave blank.

What is your gender?

What is your ethnicity?

Are your day-to-day activities limited because of a health problem or disability? Yes No

What is your age?

How would you describe your religion/belief?
.....

What is your sexual orientation?

What next?

Do you wish for this information to be recorded only and no further action to be taken or would you like someone to contact you for further action or support?

Action/support Recorded only

If you select recorded only, the incident will not be followed up and no further action will be taken.

If you require action/support please give your contact details below:
Your personal details will only be used to make contact with you.

Name:

Please specify how we may contact you?

Telephone:

Mobile:

Email:

Through a third person:



North East Derbyshire District Council



We speak your language

Polish
Mówimy Twoim językiem

French
Nous parlons votre langue

Spanish
Hablamos su idioma

Slovak
Rozprávame Vaším jazykom

Chinese
我们会说你的语言

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Bolsover District Council on 01246 242424 or North East Derbyshire District Council on 01246 231111