



Hate Crime/Hate Incident Self-Reporting Form

This is a way of reporting hate crime/hate incidents in strict confidence whether you have been directly involved, witnessed or are reporting on behalf of someone else. Incidents which go unreported often leave the offenders free to commit similar offences again. Hate based on – age, disability, faith, gender, race, gender identity and sexual orientation.

What is a Hate Crime?

Any hate incident, which constitutes a criminal offence, perceived by the victim or any other person, as being motivated by prejudice or hate.

What is a Hate Incident?

Any incident which may or may not constitute a criminal offence, which is perceived by the victim or any other person, as being motivated by prejudice or hate.

Please complete the following details.

Date of incident Time : am/pm

WHO ARE YOU?

Friend Victim Witness Partner Agency

WHAT DO YOU THINK MOTIVATED THIS INCIDENT?

Age Disability Gender Homophobia (Sexual Orientation)
Racism Religion Transphobia (Gender Identity)

WHERE DID THIS HAPPEN?

Please try to include as much information as you can, such as a house/flat number, street name, district, local landmarks etc.

WERE THERE ANY INJURIES?

Yes No If yes, please give details:

WAS ANY PROPERTY DAMAGED OR STOLEN?

Yes No If yes, please give details:

OFFENDER(S)

How many offenders were there? Have you seen them before? Yes No

Do you know them? Yes No If yes, please give names and addresses if possible:

Offender 1:

Offender 2:

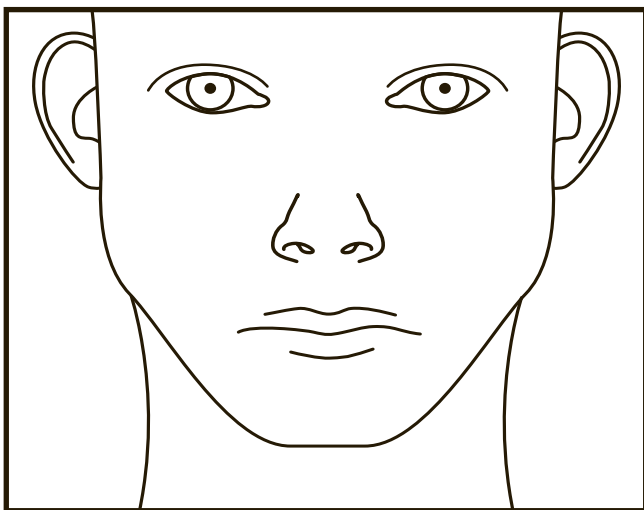
If there were more than two offenders please use additional paper, using this page of the form as guidance.

Can you give a description?

	Offender 1	Offender 2	Offender 1	Offender 2
Age	<input type="text"/> <input type="text"/> years approx.	<input type="text"/> <input type="text"/> years approx.	Height <input type="text"/> ft <input type="text"/> in	<input type="text"/> ft <input type="text"/> in
Gender	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Visible Disability	<input style="width: 100%;" type="text"/>
Build	Slim <input type="checkbox"/> <input type="checkbox"/> Thin <input type="checkbox"/> <input type="checkbox"/>	Medium <input type="checkbox"/> <input type="checkbox"/>	Heavy <input type="checkbox"/> <input type="checkbox"/>	Broad <input type="checkbox"/> <input type="checkbox"/> Muscular <input type="checkbox"/> <input type="checkbox"/>
Ethnicity	Arab <input type="checkbox"/> <input type="checkbox"/> Mixed <input type="checkbox"/> <input type="checkbox"/>	Asian <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/>	Black African <input type="checkbox"/> <input type="checkbox"/> Unknown <input type="checkbox"/> <input type="checkbox"/>	Black Caribbean <input type="checkbox"/> <input type="checkbox"/> Oriental <input type="checkbox"/> <input type="checkbox"/>
Hair Colour	Brown <input type="checkbox"/> <input type="checkbox"/> Dyed <input type="checkbox"/>	Black <input type="checkbox"/> <input type="checkbox"/>	Blonde <input type="checkbox"/> <input type="checkbox"/>	Red <input type="checkbox"/> <input type="checkbox"/> Grey <input type="checkbox"/> <input type="checkbox"/>
Hair Type	Long <input type="checkbox"/> <input type="checkbox"/> Bald <input type="checkbox"/> <input type="checkbox"/>	Short <input type="checkbox"/> <input type="checkbox"/>	Shaved <input type="checkbox"/> <input type="checkbox"/>	Curly <input type="checkbox"/> <input type="checkbox"/> Wavy <input type="checkbox"/> <input type="checkbox"/>
Facial Hair	Beard <input type="checkbox"/> <input type="checkbox"/>	Moustache <input type="checkbox"/> <input type="checkbox"/>	Clean Shaven <input type="checkbox"/> <input type="checkbox"/>	Stubble <input type="checkbox"/> <input type="checkbox"/>

If the offender had distinguishing features or facial hair please sketch the shape using the box below:

Offender One



Offender Two



Voice	High-pitched <input type="checkbox"/> <input type="checkbox"/>	Soft <input type="checkbox"/> <input type="checkbox"/>	Gruff <input type="checkbox"/> <input type="checkbox"/>	Deep <input type="checkbox"/> <input type="checkbox"/>	Lispering <input type="checkbox"/> <input type="checkbox"/>
Other, please specify	Offender 1		Accent, please specify	Offender 1	
Other, please specify	Offender 2		Accent, please specify	Offender 2	

