



## REPORTING CENTRES

Reporting Form for Hate Crime

Date: \_\_\_\_\_

What sort of hate crime is being reported?

Racist

Homophobic

Against a  
disabled  
person

Faith-based /  
Religious

Other (please specify)

\_\_\_\_\_

Does this need to be acted on urgently?

Yes



No



IF NECESSARY, PLEASE CALL EMERGENCY SERVICES



### REPORTER

Name:

\_\_\_\_\_

Agency:

\_\_\_\_\_

Telephone:

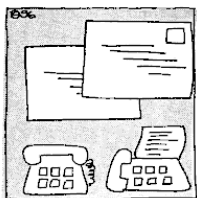
\_\_\_\_\_

Address:

\_\_\_\_\_

Postcode:

\_\_\_\_\_



# VICTIM

Name:

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Telephone:

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Address:

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Postcode:

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Brief details of incidents(s):

(Please include place, date, time and other details where possible, such as description of person who caused the incident).

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Has something like this happened to the victim before?

Yes



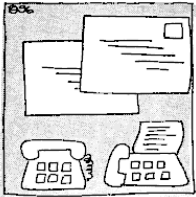
No



Is this for information only or does the victim want further action?

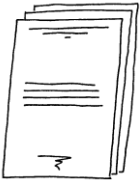
Information only

Further action



**For further action:**

**1. Brief details of action wanted**



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**2. Any relevant agencies, with contact names/numbers where known**

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**3. Check that it is ok for this form to be sent to these people, and tell the victim who they are**

a. SARI (SUPPORT Against Racist Incidents)

Yes   No 

b. EACH (Educational Action Challenging Homophobia)

Yes   No 

c. VICTIM SUPPORT

Yes   No 

d. SREC (Somerset Race Equality Council)

Yes   No 

**4. Check that it is ok for this form to be sent to these people as well?**



a. POLICE

Yes   No 



b. CHILDREN & YOUNG PEOPLE'S SERVICES

Yes   No 



c. PCT (Primary Care Trust)

Yes   No 



d. HOUSING ASSOCIATION

Yes   No 

(Please put which Housing Association Office)

e. OTHER (please specify)

\_\_\_\_\_

5. Check that it is ok for people from these agencies to get in touch with if they need more help?

Yes   No 

Tell victim/reporter that this will now be sent to a central place for action.

To be signed by the reporter.

I, \_\_\_\_\_ (name of reporter), understand that this form will be sent to North Somerset Council E&D Team and to other agencies if I have marked them as above. I understand these details will be treated with all due respect for confidentiality.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## VICTIM'S ETHNIC ORIGIN

### Asian/Asian British

Indian  Pakistani  Bangladeshi   
Chinese   
Any other Asian/Asian British background   
(Please describe)

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### Black/African/Caribbean/Black British

African  Caribbean   
Any other Black/African/Caribbean background   
(Please describe)

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### Mixed/multiple ethnic groups

White and Black Asian   
White and Asian   
White and Black African   
White and Black Caribbean   
White and Chinese   
Any other white/mixed multiple ethnic background   
(Please describe)

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**White**

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy/traveller

Other white/mixed background   
(Please describe)

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**Other ethnic group**

Arab

**Any other background (please describe)**

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Prefer not to say

Don't know / not sure

**Victim's religion / belief**



No religion  Buddhist  Christian

Hindu  Jewish  Muslim  Sikh

Other \_\_\_\_\_

Prefer not to say

Don't know / not sure



**Victim's sexual orientation**

Bisexual  Gay  Heterosexual

Lesbian  Prefer not to say

Other \_\_\_\_\_

**Victim's age** \_\_\_\_\_

Prefer not to say

**Is the victim a disabled person?**

Yes   No   Prefer not to say

**Victim's gender**

Man  Woman  Transgender

Prefer not to say

**Language**

Is English spoken? Yes   No 

If no, what is the victim's preferred language?  
\_\_\_\_\_

**Please send the completed form to:**

**Equalities and Diversity Team, Room 312, Town Hall, Weston-super-Mare,  
BS23 1UJ. Telephone 01934 888 801**

The data provided will be filed and stored securely by the Equalities Unit. The data will only be disclosed to other agencies working to stop harassment with the permission of the complainant/person reporting harassment except in special circumstances where there is a duty to share certain information(e.g. where child protection legislation requires it).

The data will only be kept for as long is necessary and then it will be destroyed securely.