



Responding to Hate  
Incidents in North Somerset

Reference

# Reporting Centres

## Reporting Form for Hate Incidents

Date:

15303 07/07

### What sort of hate incident is being reported:

Racist  Homophobic  Against a disabled person  Faith-based  Age

Other (specify) \_\_\_\_\_

### Does this need to be acted on urgently?

Yes  No  IF NECESSARY, PLEASE CALL EMERGENCY SERVICES

Are you filling in this form as you: • have witnessed or been indirectly effected by a hate incident?

If yes, you are the reporter

• have directly experienced a hate incident?

If yes you are the victim

Reporting centre \_\_\_\_\_

Contact name \_\_\_\_\_ Contact number \_\_\_\_\_

### Reporter

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

### Victim

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

### Brief details of incident(s):

(please include location, date, time, and other details where possible, such as perpetrator description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has something similar happened to you previously?** Yes  No

**Is this for information only or do you 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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**Action taken:**

**Please note: this form will be sent to North Somerset Council, Equality and Diversity Team for reference.**

**3. Do you consent to this form being sent to specialist victim-support agencies so they can contact you?**

- 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. Do you consent to this form being sent to statutory agencies for actions?**

- a) POLICE Yes  No
- b) APPROPRIATE NORTH SOMERSET COUNCIL DIRECTORATES Yes  No
- c) NHS North Somerset Yes  No

**5. Do you consent to this form being sent to other agencies for action and information – for example Citizens Advice Bureau, housing association (please specify)**

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**To be signed by all parties:**

I, \_\_\_\_\_ understand that this form will be sent to North Somerset Council Equality and Diversity Team and to other agencies if I have marked them above. I understand these details will be treated with all due respect for confidentiality.

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

## Diversity monitoring

### Victim's ethnic origin (to be completed by the victim only)

#### White

English/Welsh/Scottish/Northern Irish/British  Irish  Gypsy/traveller

Any other White background \_\_\_\_\_

#### Mixed/multiple ethnic groups

White and Black Caribbean  White and Black African  White and Asian

Any other Mixed/multiple ethnic background \_\_\_\_\_

#### Asian/Asian British

Indian  Pakistani  Bangladeshi  Chinese

Any other Asian background \_\_\_\_\_

#### Black/African/Caribbean/Black British

African  Caribbean

Any other Black/African/Caribbean background \_\_\_\_\_

#### Other ethnic

Arab

Any other ethnic group \_\_\_\_\_

Prefer not to say

#### Language

Is English spoken? Yes  No

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

#### Victim's religion/belief

No religion  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh

Prefer not to say

#### Victim's sexual orientation

Bisexual  Gay  Heterosexual  Lesbian  Prefer not to say

#### Victim's age

Prefer not to say

#### Is the victim a disabled person?

Yes  No  Prefer not to say

If yes, does the victim have any access needs to assist them in reporting this incident?

Other \_\_\_\_\_

#### Victim's gender

Male  Female  Transgender  Prefer not to say

### Please send a copy of the form to:

Equality and Diversity Team, Room 308, Town Hall, Weston-super-Mare, BS23 1UJ.

Tel: 01275 888 561

The data provided will be filed and stored securely by the Equality and Diversity Team. The data will only be disclosed to other agencies working to tackle harassment with your permission except in special circumstances where there is a legal duty to share certain information (e.g. where child protection legislation requires it). Anomalous information about this incident will be shared with the agencies on the Responding to Hate Incidents in North Somerset Partnership. The data will only be kept for as long is necessary and then it will be destroyed securely.

## Notes for reporting centre staff

1. You do not have to do any work on this form other than taking the report and passing it on to North Somerset Council Equality and Diversity Team or relevant team (unless you have direct responsibility for this victim/reporter in some capacity, or the report is in relation to your service).
2. Please invite the victim/reporter to fill the form in themselves if they would prefer, and show them to a space where they can do so. They can then hand the completed form back to you.
3. If the victim/reporter would prefer you to take the report, do spend an appropriate amount of time doing so. The form has been designed to be relatively quick to fill in.
4. If there are language issues, be aware that your workplace may have access to phone interpreting services such as Language Line or National Interpreting Service. You may want to familiarize yourself with how these services work, prior to a time when you may need to use them.
5. Please explain to the victim:
  - If there is serious danger to life or property. Please call the emergency services on 999.
  - If it is not an emergency, your role is to forward the completed form to North Somerset Council Equality and Diversity Team or relevant team for action.
  - If the victim/reporter has requested further action, reassure them that someone from the relevant agencies should contact them within 10 working days. The referral can be speeded up if necessary, by indicating at the top of this form that it is urgent.
  - If your organisation has responsibility for this victim/reporter (for instance, where you are a registered social landlord and the incident involves one or more of your tenants), please assure the victim/reporter that you will pass a copy of the form to the relevant officer internally for action. Then please ensure that you pass a copy to the relevant officer immediately, and also send the original to North Somerset Council Equality and Diversity Team.
6. Where possible please offer the victim/reporter a copy for their records. **You do not need to keep a copy.**
7. Please place the original form in the pre-addressed envelope provided, and post it to North Somerset Council Equality and Diversity Team.



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Supported by:

Avon and Somerset Constabulary, Citizens Advice Bureau, North Somerset Council, Educational Action Challenging Homophobia, NHS North Somerset, Weston College, Liberata, Somerset Racial Equality Council, Support Against Racist Incidents, Housing Associations, Victim Support.