

Hate Incident Monitoring Form

Working in partnership, Leicestershire County Council is committed to creating an inclusive county and believes that everyone who lives or works in or visits Leicestershire has the right to be treated with dignity and respect and to live without fear of hatred.

No one should have to tolerate hate incidents, reporting makes a difference, if we don't know about it we can't change it.

a hate incident is any incident where you or someone else has been targeted because they or you are believed to be different, or any incident you believe was motivated by: age, disability, gender identity, race, religion / belief or sexual orientation

Please tick one of the following, are you the:

Victim Witness Third Party

- All appropriate sections of the form need to be completed if you are not the victim
- Ignore section 5 if you are the victim

Don't worry if you are unable to complete all sections, complete as much as possible. Please refer to Section 7 for Data Protection Guidance.

If you require this information in an alternative version such as large print, Braille, tape or help in understanding it in your language, please call 0116 305 8263, Fax: 0116 305 7271 or Minicom: 0116 305 6048.

Please return completed forms to: the Project Co-ordinator (Hate Incident Monitoring), Leicestershire County Council, County Hall, Glenfield, Leicester LE3 8RA.

Section 1: Incident Details

1. Where did the Incident Happen?

- | | | |
|--------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> In / Near victim's home | <input type="checkbox"/> Leisure Facility | <input type="checkbox"/> Public House / Pub / Bar |
| <input type="checkbox"/> Public Transport | <input type="checkbox"/> Restaurant | <input type="checkbox"/> School |
| <input type="checkbox"/> School Transport | <input type="checkbox"/> Shop | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Workplace | <input type="checkbox"/> Other (Please specify in box below) | |

2. Address of incident

3. Postcode

4. What type of incident are you reporting? Tick all that are appropriate

- | | | |
|--------------------------------------|-------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ageist | <input type="checkbox"/> Disablist | <input type="checkbox"/> Homophobic |
| <input type="checkbox"/> Racist | <input type="checkbox"/> Religious belief | <input type="checkbox"/> Sexist |
| <input type="checkbox"/> Transphobic | <input type="checkbox"/> Other (Please specify) | |

5. What is the nature of the incident you are reporting? Tick those that are appropriate

- | | | |
|-------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Damage to property | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Offensive material |
| <input type="checkbox"/> Physical assault | <input type="checkbox"/> Verbal abuse / threats | |
| <input type="checkbox"/> Other (Please specify) | | |

6. Date of incident

7. Time of incident

8. Is this part of a series of incidents?

- Yes No

9. Has the incident been reported previously?

- | | |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Yes (which agency?) | <input type="checkbox"/> No |
| <input type="checkbox"/> District / Borough Council | <input type="checkbox"/> Leicestershire County Council |
| <input type="checkbox"/> Police | <input type="checkbox"/> Other Agency (Please specify) |

10. Please describe the incident in detail below

Section 2: Alleged Perpetrator Details (if known)

11. Name

12. Address

13. Gender

- Female Male

14 Is there anything else about the perpetrator that you are able to tell us?

15. Ethnic Origin

- | | |
|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Asian or British Asian - Bangladeshi | <input type="checkbox"/> Asian or British Asian - Indian |
| <input type="checkbox"/> Asian or British Asian - Other Asian | <input type="checkbox"/> Asian or British Asian - Pakistani |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Black or Black British - Caribbean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Gypsies |
| <input type="checkbox"/> Irish Travellers | <input type="checkbox"/> Mixed - Other mixed |
| <input type="checkbox"/> Mixed - White and Asian | <input type="checkbox"/> Mixed - White and Black Caribbean |
| <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> White - British |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Not specified / Unknown |
| <input type="checkbox"/> Other (Please specify) | <input type="text"/> |

16. Details of other perpetrators involved in this incident (Please specify)

Section 3: Victim Details (Please see Section 7 for guidance)

17. Victim Name

18. Address

19. Postcode

20. Contact telephone number

21. Contact E-mail

22. Gender

- Female Male

23. Does the victim live and work in the gender role opposite to that assigned at birth?

- Yes No Not specified /Unknown

24. Sexual Orientation:

- Bisexual Gay / Lesbian Heterosexual
 Not specified/Unknown

25. Age Group

- Under 11 11-15 16-19
 20-24 25-29 30-44
 45-64 65+ Not specified / Unknown

26. Religion / Belief

- Buddhist Christian (all denominations) Hindu
 Jain Jehovah's Witness Jewish
 Muslim Rastafari Sikh
 No religion Not specified / Unknown

Other (Please specify)

27. Language:

- Bengali Chinese English
 Gujarati Hindi Polish
 Punjabi Urdu Not English but Unknown
 Other European Language Not specified / Unknown

Other (Please specify)

28. Occupation

29. Victim's living arrangements

- Caravan / Mobile Home Council Tenant Housing Association
 Living with Family / Friends / Partner Tenant
 Owner Occupier Private Tenant Not specified / Unknown

Other (Please specify)

30. Does the victim have a disability?

- Yes No Not specified / Unknown

31. If yes, please state type of impairment/s which apply

- Illness or health condition such as cancer, HIV, MS, diabetes, chronic heart disease, or epilepsy?
 Learning difficulty (such as dyslexia)?
 Learning disability (such as Down's syndrome)?
 Mental health condition, such as depression or schizophrenia?
 Physical impairment, such as difficulty using your arms or mobility issues?
 Sensory impairment, such as being blind / having a visual impairment or being deaf / having a hearing impairment?

Other (please specify)

32. Ethnic origin

- | | |
|----------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Asian or British Asian - Bangladeshi | <input type="checkbox"/> Asian or British Asian - Indian |
| <input type="checkbox"/> Asian or British Asian - Other Asian | <input type="checkbox"/> Asian or British Asian - Pakistani |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Black or Black British - Caribbean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Gypsies |
| <input type="checkbox"/> Irish Travellers | <input type="checkbox"/> Mixed - Other mixed |
| <input type="checkbox"/> Mixed - White and Asian | <input type="checkbox"/> Mixed - White and Black Caribbean |
| <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> White - British |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Not specified / Unknown |
| <input type="checkbox"/> Other (Please specify) <input type="text"/> | |

33. Was an interpreter required?

- Yes No

Section 4: Witness Details (if applicable)

34. Witness Name

35. Relation to victim (if any)

36. Address

37. Postcode

38. Telephone contact number

39. Email contact

Section 5: Person Reporting (if applicable) please see the guidance notes below at section 7)

40. Are you reporting on behalf of an agency?

- | | |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Yes (which agency?) | <input type="checkbox"/> No |
| <input type="checkbox"/> District / Borough Council | <input type="checkbox"/> Leicestershire County Council |
| <input type="checkbox"/> Police | <input type="checkbox"/> Other Agency (Please specify) |

41. Name of person reporting

42. Relation to victim

43. Address

44. Postcode

45. Contact telephone number

46. Contact E-mail

Section 6: Further Action (if applicable)

47. What action (if any) has already been taken in response to this incident: e.g. dealing with the perpetrator?

48. Has any action been taken to support the victim? e.g. advice given

Section 7: Data Protection Guidance

Personal information contained in this form will be used to help us reduce hate incidents in Leicestershire. As the information above (if it is about you) may include sensitive information, we may need your permission to use or share it. This is a requirement of the Data Protection Act 1998. If the information is not about you, in most circumstances we cannot process it without the signed consent of the person you are identifying. Circumstances where we may not require permission include where it is considered to be in the vital interests of the person identified that action is taken. If sufficient details exist we may contact that person to obtain permission (where necessary).

Victim / Third Party reporting person consents to incidents being referred to the Hate Incident Monitoring Project

Signature

Victim consents / doesn't consent to incident being referred to the police

Signature