



## Hate Crime/Incident Report Form

If you are a victim or a witness you can either identify yourself or remain anonymous. When making this decision you should bear in mind that if the Police consider that a crime has taken place this report may be used as evidence.

Where identified victims and witnesses may be contacted as part of any investigation, and may be asked to appear in court with appropriate support.

All information will be treated confidentially, and will be kept safe according to the Data Protection Act.

### In an emergency always dial 999

If you wish to report a crime/incident anonymously then you can also call Crimestoppers on 0800 555 111

### What is a hate crime/incident?

A hate incident is – an 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. It can also be an occurrence involving a person or property that is motivated by the offender's hate against the person(s) gender, race, religion, disability or sexual orientation. A victim of a hate crime/incident can be anyone not just a member of a minority group or someone who is considered vulnerable.

### Personal Details

All information recorded will be treated confidentially and will not be shared with other organisations without the consent of everyone involved, unless it is deemed that criminal activities have taken place in which case information may be shared for the purposes of a criminal investigation.

If the victim/witness does not want to provide their name(s); you do not have to as this report can be submitted anonymously but this will limit action that can be taken.



**Reporting Centre Details:**

Organisation making report: .....

Person making report: .....

Address: .....

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**I am:**

(Please tick (✓) appropriate box)

- Completing this form on behalf of someone else (3<sup>rd</sup> Party)
- A Victim
- A Witness

If the victim/witness chooses to do so reports can be submitted anonymously but this will limit any action that can be taken.

Victim's Name: .....

Gender: .....

Address:.....

.....

Contact Telephone Number: .....

First Language: .....

Witness's Name: .....

Gender: .....

Address:.....

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Contact Telephone Number: .....

First Language: .....

Please provide details of any other witnesses that were present at the time of the incident:

Witness's Name: .....

Gender: .....

Address:.....

.....

Contact Telephone Number: .....

First Language: .....



**Name of Person completing form:** (if different from above)

**Gender:** .....

**Address:**.....

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**Contact Telephone Number:** .....

**Email Address:** .....

**Do you wish to be contacted by the Victim Support?** Yes  No

**Note:** The Victim Support can be contacted on telephone number 0845 45 65 995

**Personal Information of the Victim:**

Age: ..... Date of Birth: .....

Religion: ...../Prefer not to say (please tick appropriate box): Yes  No

Ethnicity: ...../Prefer not to say (please tick appropriate box): Yes  No

Sexual Orientation : ..... /Prefer not to say (please tick appropriate box): Yes  No

Do you have a disability ..... Yes  No

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**Nature of the incident** (Please tick (√) appropriate box (es):

Racist  Religion and/or Belief  Homophobic  Disability

Transphobic  Other  If other, state nature of prejudice .....

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**Describe what happened (including date & time of each incident;** please use separate sheet if necessary):

Date: ..... Time: .....

Date: ..... Time: .....

Please describe what happened: .....

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**What do you think motivated or contributed to the incident?** (Please use separate sheet if necessary) .....

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**Where did the incident happen?**

Street Name/Location: .....

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Town: ..... Post Code (If known): .....

**Did any injuries occur?** Yes  No  (Please tick  appropriate box) and if so, please describe your injuries? (Please use separate sheet if necessary) .....

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**Did any loss or damage to your property result from the incident and if so, please describe?** Please use separate sheet if necessary; tick  appropriate box and provide details of the loss or damage? Yes  No

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

**If yes, please provide your incident reference number (if known) and date when reported?**

Date: ..... Incident Reference: .....

**Regarding the Offender(s):**

**How many offender(s) were there at the time of the incident?** .....

**Do you know them?** Please tick the appropriate box: Yes  No  **If yes, please provide name(s) and address(es) if known?** Please use separate sheet if necessary: .....

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**Can you provide a description of the offender(s); keeping in mind of age, height, build, gender, ethnic or national origin, clothing, distinguishing scars or other features?** (Please use separate sheet if necessary):

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**Was a vehicle used by the offender(s)?** (Please describe the vehicle eg: Colour, Make and Model: .....

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## Contact & Information Sharing:

We would like to contact you to discuss your situation and identify with you your needs.

We can provide you with relevant telephone numbers for other organisations that may be able to assist and support your needs, or with your permission we can refer your details to an appropriate organisation for you.

### If you are the victim or witness – do you agree to be contacted?

- Yes please contact me
- Yes please refer me to other organisations
- No I do not wish to be contacted by anyone else

### If you are reporting on behalf of a victim or witness – can you confirm that they have agreed to be contacted?

- Yes they would like to be contacted
- Yes they would like to be referred to other organisations
- No they do not wish to be contacted/I cannot confirm that they wish to be contacted

### Does the victim or witness have access support needs?

- Needs an interpreter Yes  No

(specify language required including Sign Language interpreting)

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- Needs information in easy read/ Braille/ large print/other language

Yes  No

(please specify) .....

- Needs other access support Yes  No

(please specify) .....



**On completion of this form, please send to: -**

Hate Crime Liaison Officer (Basildon District)  
Grays Police Station  
Brooke Road, Grays,  
RM17 5BX

Telephone Number: 01268 244033  
Non Emergency Number: 0300 333 4444  
Crimestoppers: 0800 555 111

**If preferred you can send your form direct to Basildon District Council, to any of the two contact below, for them to collate the information.**

Louise Edwards & Shamrika Sydes  
Basildon District Council  
5-8 Dunton Court  
Aston Road  
Laindon  
Basildon  
Essex SS15 6NX

Telephone Number : 01268 464130 or 01268 294329

Fax Number: 01268 294550



This form is designed for anyone to report an incident, where you feel that either yourself or someone else has been targeted as a result of race, religion, sexual orientation, transgender or disability. If you would like this form to be translated into another language, please tick the appropriate box, enter your contact details into the section at the bottom of the page and send to the address provided below.

This document is also available in community languages, Braille, audio or large print. Please contact the address below:

**Inclusion & Diversity Dept**

**Basildon Centre  
St Martins Square  
2<sup>nd</sup> Floor,  
Basildon, Essex  
Telephone No: 01268 294329  
Fax No: 01268 294550**

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