

Racist Incident Monitoring Form
(For the Reporting and Referral of Racial Incidents)

Racist Incident Definition

A racist incident is any incident that is perceived to be racist, by the victim, or any other person.

Part A

1 – Particulars of Incident

Receiving Agency			
Agency Reference No			
Police Use Crime File No		Detected	Yes/No

Resume of Incident	
Time/Date of Incident	
Location/Address of Incident	
Number	
Street	
Town	
Postal Code	

2. Location Type - Please tick appropriate boxes

Type of Location					
House Including Garden		Shop Premises		Medical Establishment	
Street		Restaurant/Takeaway		School/College	
Public Transport		Place of Entertainment/Bar		Place of Worship	
Sporting Venue		Police Office		Other Business	
Other (please specify ...)					

3. Type of Incident - Please tick appropriate boxes

Type of Incident (e.g. Assault, Verbal Abuse, Damage) Please tick appropriate boxes					
Assault - Minor		Assault - Serious		Verbal Abuse	
Graffiti		Vandalism		Fire Raising	

Other (please specify ...)	
Brief Details of Incident	
(DATA PROTECTION - DO NOT IDENTIFY INDIVIDUALS IN THIS SECTION)	

4 - Victim Information

Victim Information (If applicable) (Ethnicity to be defined by victim)			
Age		Gender	Does Victim Know Offender
Language if not English		Interpreter Required?	
Town of Residence		Occupation	
Ethnicity /Appearance (self defined) (please tick or specify where appropriate)			
African		Multi Ethnic Background (specify)	
Asian Other (specify)		Northern Irish	
Bangladeshi		Other (specify)	
Caribbean		Pakistani	
Chinese		Scottish	
Eire		Gypsy/Traveller (specify)	
English		Welsh	
Indian		Unknown	

5 – Informant if not Victim

Informant If Not Victim (Ethnicity to be self defined)			
Age		Gender	Does Victim Know Offender
Language if not English		Interpreter Required?	
Town of Residence		Occupation	
Ethnicity/Appearance (self defined) (please tick or specify where appropriate)			
African		Multi Ethnic Background (specify)	
Asian Other (specify)		Northern Irish	
Bangladeshi		Other (specify)	

Caribbean		Pakistani	
Chinese		Scottish	
Eire		Gypsy/Traveller (specify)	
English		Welsh	
Indian		Unknown	

6 – Person(s) Complained About

Person Complained About			
Age:		Gender	
Language if not English		Interpreter Required?	
Town of Residence		Occupation	
Ethnicity/Appearance (self defined) (please tick or specify where appropriate)			
African		Multi Ethnic Background (specify)	
Asian Other (specify)		Northern Irish	
Bangladeshi		Other (specify)	
Caribbean		Pakistani	
Chinese		Scottish	
Eire		Gypsy/Traveller (specify)	
English		Welsh	
Indian		Unknown	

Person Complained About			
Age:		Gender	
Language if not English		Interpreter Required?	
Town of Residence		Occupation	
Ethnicity/Appearance (self defined) (please tick or specify where appropriate)			
African		Multi Ethnic Background (specify)	
Asian Other (specify)		Northern Irish	
Bangladeshi		Other (specify)	
Caribbean		Pakistani	
Chinese		Scottish	
Eire		Gypsy/Traveller (specify)	
English		Welsh	
Indian		Unknown	

Part B

7 – Racist Perception

Did victim perceive this as a Racist Incident?	Yes		No	
Specify why?				
If not victim, did informant perceive this as a Racist Incident?	Yes		No	
Specify Why?				
Has victim been subjected to any other Racist Incident?	Yes		No	
If so, is this same location complained about?	Yes		No	
If, so is this the same person complained about?	Yes		No	
Have previous incidents been reported to any agency, if so state number and agency.	Yes		No	
Racist Motivation E.g. Appearance, Gypsy/Traveller, Language spoken.				

8 – Action by Reporting Agency

Have the services of partner agencies been offered to victim/informant?	Yes		No	
If no, please specify why.				
Initial Action Taken. (please tick all boxes that apply)				
Advice Given		Enquiry Ongoing		
Consider ASBO/Non Harassment Order		Consider Exclusion Order		
Enquiry Complete		Report Submitted		
No Further Action		Referred to Other Agencies		
Action Taken				

Agency Referred To			
Police		Housing Associations	
Local Authority		Health Authority	
Universities/ Colleges		GREC (Case Work)	
Victim Support		Other (specify)	

9 – Signatures Of Reporting Agency

Person Completing Report	
Print Name	
Date	
Manager	
Print Name	
Date	

THIS SECTION TO BE COMPLETED BY SENIOR MANAGER

10 – Racist Incident Case Conference

Victim Case Conference Required	Yes		No	
Victim Case Conference Ongoing	Yes		No	
Partner Agencies already involved or required to be involved:	Yes		No	
Agencies who victim wants involved in Victim Case Conference (please tick all that apply)				
Police		Housing Associations		
Local Authority		Health Authority		
Universities/ Colleges		GREC (Case Work)		
Victim Support		Other (specify)		

11 – Comments By Reporting Agency

Comments:

Signature of Agency Representative		Date	
Designation		Date Sent to TARC	
E-mail Address			

Part C

THIS PART OF THE FORM IS FOR INTERNAL USE ONLY AND MUST NOT BE FORWARDED TO OTHER AGENCIES (INCLUDING TARC) UNLESS EXPRESS CONSENT IS GIVEN UNDER SECTION 14.

12 – Particulars Of Victim

Name					
Age		Date of Birth		Gender	
Occupation					
Current School – if appropriate					
Address					
Post Code					
Telephone Nos.					
E-mail address					

13 – Particulars Of Informant If Not Victim

Name					
Age		Date of Birth		Gender	
Occupation					
Current School – if appropriate					
Address					
Post Code					
Telephone Nos.					
E-mail address					

14 – Data Protection Act Declaration

Ask the Victim/Complainer to read this section before you request their signature.

We will share the information contained in Part A and B of this form with the Grampian Racial Equality Council (GREC) for the purpose of processing the Racial Incident Monitoring Form and identifying repeat victims.

As racist incidents are often best resolved through multi-agency co-operation, with your consent, we can refer you for support and assistance to agencies listed below by disclosing the information you provided in Part C of this form.

Please indicate which agency you would like to be referred to for support.

Police		Housing Associations	
Local Authority		Health Authority	
Universities/ Colleges		GREC (Case Work)	
Victim Support		Other (specify)	

Data Protection Declaration

By signing this I agree that the information provided by me on this form may be shared with the organisations listed above for the purpose of processing the Racist Incident Monitoring Form, identifying repeat victims and for support and assistance.

Signature of Victim/Complainer: _____

Signature on behalf of Victim: _____

Date: _____

DATA PROTECTION ACT 1998

Your information will be processed fairly and lawfully and in accordance with the principles of the Data Protection Act 1998.

For the purposes of processing your personal information, _____ is the Data Controller. The nominated representative of _____ is _____. You have a right to obtain details of the personal information the Data Controller holds about you. Such a request is known as a subject access request and should be made in writing to _____ .

Part D

DATA PROTECTION INFORMATION IN THIS SECTION MUST NOT BE PASSED OUTSIDE REPORTING AGENCY

15 - Particulars/Description Of Person(s) Complained about

Name				
Age		Date of Birth		Gender
Occupation				
Current School / Business				
Address				
Post Code				
Telephone Nos.				
Description				
Has person complained about been reported before for racist incidents?				
Name				
Age		Date of Birth		Gender
Occupation				
Current School / Business				
Address				
Post Code				
Telephone Nos.				
Description				
Has person complained about been reported before for racist incidents?				
*Use additional sheet if necessary				

Continuation Sheet

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide additional information or a continuation of text from the previous page.

Part E

19 – Action Taken By Referred Agency

Reporting Agency			
Referred Agency			
Detail Action Taken by Referred Agency			
Signature of Person Dealing with Referral		Date	
Signature of Senior Manager		Date	
Email Address			

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