

A separate form must be completed for EACH victim

Hate Incident Monitoring Form

(For hate crime incidents relating to Age, Disability, Gender, Race, Religion and Faith or Sexual orientation)

Receiving Agency: _____

Reference Number: _____

Date reported to agency: _____ (dd/mm/yy)

Please indicate the Category of Hate Crime/Incident:

Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Gender (incl Transgender)	<input type="checkbox"/>	Religion and Faith	<input type="checkbox"/>
Race (incl Gypsy/Traveller)	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>

1. Details of Location

Location of Incident: No/Name: _____
Street: _____
Town: _____
County: _____ Postcode: _____

Time: _____ hrs on _____ (dd/mm/yy)

Please Indicate Type of Location:

House, including garden	<input type="checkbox"/>	Shop Premises	<input type="checkbox"/>	Medical Establishment	<input type="checkbox"/>
Street	<input type="checkbox"/>	Restaurant/Takeaway	<input type="checkbox"/>	School/College	<input type="checkbox"/>
Sporting Venue	<input type="checkbox"/>	Police Office	<input type="checkbox"/>	Other Business	<input type="checkbox"/>
Public Transport	<input type="checkbox"/>	Place of Entertainment/Bar	<input type="checkbox"/>	Place of Worship	<input type="checkbox"/>
Other	<input type="checkbox"/>				

If other, please specify, _____

2. Details of Incident

Please Indicate Type of Incident:

Assault	<input type="checkbox"/>	Graffiti	<input type="checkbox"/>	Fire Raising	<input type="checkbox"/>
Vandalism (Damage)	<input type="checkbox"/>	Verbal Abuse	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please specify:

Give **Brief** Details of Incident (Do not identify individuals in this section):

3. Motivation

Why was the victim targeted, i.e. identifiable feature, skin colour, etc.

Please specify:

Who perceived the incident to be hate related?

Victim: Informant

Agency Rep:

Other, please specify: _____

Is this a repeat incident? Yes / No

If yes, what does it relate to:

Victim Person complained about

Location Other

If other, please specify, _____

Was this reported to any agency? Yes / No

If yes:

Specify Agency reported to: _____

Reference Number: (if known) _____

6. Initial Action by Receiving Agency

Advice/Information Given Reported for Information Only Complaint noted

If other, please specify,

Summarise all action taken by Receiving Agency:

Referred to other agency Yes / No

Victim Support Housing
Social Work Education Departments
Police GREC and voluntary support groups

Other, please specify:

Is a multi agency case conference required? Yes / No

(Police use only)

Was the crime/offence detected? Yes / No

Was any crime/offence report submitted for this incident? Yes / No

If yes, please specify Crime Reference Number: CF

7. Data Protection Act Declaration

The contents of this form must be read to the Victim/Informant before a signature is requested. It is important that the Victim/Informant has been offered the opportunity to utilise the Language Line Service or that of an Interpreter to ensure understanding. The information contained in this form will be held confidentially, on computer and used to tackle Hate Crime.

A partnership approach is often the best way to resolve hate related incidents. The agencies specified below has/ have been identified as suitable for providing assistance and support to you, in regard to this case.

To comply with Data Protection Regulations, the agencies specified below will only receive this form if you give your written consent.

If however an authorising signature for referral from the victim is recorded in an officers official police *notebook*, there is **no need** for this form to be signed. If a notebook has been signed appropriately please give details:

Notebook Number: _____

Page Number: _____

The nominated agencies deemed suitable for assisting in this case are:
(Specify agency as nominated in Section 6 of this Form).

.....
.....
.....
.....

Signature of Victim/Informant:

Print Name:

Signature of Parent or Guardian:

Print Name:

Date:

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 Hate Crime Monitoring Form, identifying repeat victims and for support and assistance.

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 _____

8. Details of Victim/Informant

Victim: **Informant (if not victim):**

This part of the form **MUST NOT** be forwarded to other agencies, unless express consent has been given under the Data Protection Declaration. (Sec 7)

If reported by the informant who is not the victim, then please also complete an additional victim details form which can be accessed at the bottom of this page.

First Name:

Surname

Date of Birth:

Place of Birth:

Occupation:

Nationality:

Current School:

(if appropriate)

Address

No/Name:

Street:

Town:

Area:

Postcode:

Tel No:

Mobile No:

E-mail:

[For additional person\(s\) page – click here](#)

9. Details of Person(s) Complained About: (Details must not be disclosed)

First Name:

.....

Surname

.....

Date of Birth:

.....

Place of Birth:

.....

Occupation:

.....

Nationality:

.....

**Current School:
(if appropriate)**

.....

Address

No/Name:

.....

Street:

.....

Town:

.....

Area:

.....

Postcode:

.....

Tel No:

.....

Mobile No:

.....

E-mail:

.....

[For additional person\(s\) page – click here](#)

Has the person complained about been reported for previous hate-related incidents?

Yes / No

If yes, please specify Crime Reference Number:

CF

Person completing Report:

(print)

Signature:

.....

Date:

.....

Manager:

(print)

Signature:

.....

Date:

.....

10. This section to be completed by Senior Manager

Give an outline of Agency Action Plan

(This should include any future work required by receiving agency and multi agency partners)

No Further Action

Further action
(please specify below)

Senior Manager approving processing of form:
