

ST. HELENS HATE CRIME INCIDENT MONITORING FORM

Hate incidents are any incidents that are regarded as such by the victim or anyone else.

Important, please note: If the complainant is unable to speak sufficient English to complete the form and to understand the implications of providing their consent below, then you must seek the services of an interpreter before continuing.

ABOUT THE INCIDENT

Are you a victim or a witness? (Please tick)

Victim	<input type="checkbox"/>	Witness	<input type="checkbox"/>	Third Party	<input type="checkbox"/>
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What do you think motivated the incident? (Please tick)

Racism	<input type="checkbox"/>	Disability / Disablism	<input type="checkbox"/>
Homophobia	<input type="checkbox"/>	Gender / Transphobia	<input type="checkbox"/>
Ageism	<input type="checkbox"/>	Religion / Faith / Bigotry	<input type="checkbox"/>
Other, please specify	<input type="text"/>		

Tell us about the incident in your own words, giving as much detail as possible (use back of the sheet if necessary)

When did the incident take place?

Time	<input type="text"/>	Day	<input type="text"/>	Date	<input type="text"/>
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Where did this happen? (Address / Location / Street)

Were there any injuries? If yes, please give details

Did any loss or damage to property result?

ABOUT THE VICTIM (if known)

Age	<input type="text"/>	Religion	<input type="text"/>
Gender	<input type="text"/>	Sexuality	<input type="text"/>
Disability	<input type="text"/>		
Racial Origin (please tick one from below)			
White British	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
Mixed White & Caribbean	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
Mixed White & Black	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>	Gypsy / Roma	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Not Stated	<input type="checkbox"/>
Any other please specify	<input type="text"/>		

ABOUT THE OFFENDERS

How many offenders were there?	<input type="text"/>
Please describe the offenders? (Names, ages, gender, height, ethnicity, build, clothing, distinguishing marks, etc.)	
<input type="text"/>	
If a vehicle was used, please describe it (e.g. make, model, registration, colour, distinguishing marks, etc)	
<input type="text"/>	

COMPLAINANT PERSONAL DETAILS

The details you have provided to us so far will be recorded for monitoring purposes. Personal information is recorded in line with the Data Protection Act and only used to respond to hate crime.

Name	<input type="text"/>
Tel no	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
Do you wish to share your personal details with Merseyside Police?	<input type="checkbox"/>

Please tell us how you would prefer to be contacted: e.g. only at certain times or locations, only by email, etc

Date that the form was completed:

Please sign the form:

The information provided on this form will be processed in accordance with the requirements of the Data Protection Act 1998. It will be treated as confidential and used only for the purpose of responding to Hate Crime/Incidents.

REPORTING OFFICER (for official use only)

Agency	<input type="text"/>
Name	<input type="text"/>
Position	<input type="text"/>
Tel no	<input type="text"/>
Date	<input type="text"/>
Staff Signature	<input type="text"/>
Follow Up Report	<input type="text"/>

All completed forms should be sent to the Community Safety Manager, Wesley House, Corporation Street, St.Helens, WA10 1HF (marked "confidential")
Email: contactcentre@sthelens.gov.uk