

South Derbyshire District Council

Hate Incident Reporting Form

PART A DETAILS OF INCIDENT

1. DETAILS OF INCIDENT

i. Location/address (inc. post code) of incident:

ii. Description of location (retail premises, dwelling, public house etc)

iii. When did the incident happen (time, date)

iv. Has the incident been reported to the Police? Yes No

v. Type of Incident? - Was the incident due to the victims:

Age

Disability

Gender

Race

Religion or Belief

Sexuality

vi. **What happened?** (Brief details, is it part of a series of incidents, who identified the incident as a hate incident?)

vii. **Nature of Incident** (for office use only)

Assault Verbal Abuse Graffiti
Damage Fire raising
Other

vii. Is the victim a tenant? Yes No Which landlord?

Please return all forms marked **Confidential** to:

Jan Middleton,
Complaints Officer
Customer Services,
South Derbyshire District Council,
Civic Offices,
Civic Way,
Swadlincote,
Derbyshire,
DE11 OAH.

PART A (cont....)

2a Ethic origin of Victim/Complainant	2b Person complained About	2c Complainant (if not victim)
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Please tick more than one box if required (e.g. Asian/Pakistani; Black Caribbean etc.)

- White British
- White Irish
- Other white background
- White & Black Caribbean
- White & Black African
- White & Asian
- Other mixed background
- Indian
- Pakistani
- Bangladeshi
- Other Asian background
- Caribbean
- African
- Other black background
- Chinese
- Traveller
- Any other ethnic group

Religion (if appropriate)

Age

Disabled

Yes No

Gender

M F

Sexuality

Bisexual/Gay/Heterosexual

- White British
- White Irish
- Other white background
- White & Black Caribbean
- White & Black African
- White & Asian
- Other mixed background
- Indian
- Pakistani
- Bangladeshi
- Other Asian background
- Caribbean
- African
- Other black background
- Chinese
- Traveller
- Any other ethnic group

Religion (if appropriate)

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- Other Asian background
- Caribbean
- African
- Other black background
- Chinese
- Traveller
- Any other ethnic group

Religion (if appropriate)

Age

Disabled

Yes No

Gender

M F

Sexuality

Bisexual/Gay/Heterosexual

Language spoken by victim (would interpretation be needed?)

PART B

CONFIDENTIAL

3. MOTIVATION

i. Did victim or any person believe incident to be the part of a pattern?

Yes No Unknown

ii. If yes, please give further details:

iii. Were previous incidents reported? Yes No

4. ACTION BY RECEIVING OFFICER

(This section shows immediate action by the receiving member of staff)

Date action taken

5. COMMENTS OF OFFICERS

Signature

Date

Name (Designation)

Tel. Ext.:

PART C
CONFIDENTIAL

This part of the form is for internal monitoring purposes only

6. PARTICULARS OF VICTIM

Name:

Age: Gender:

Address:

Post Code: Telephone Number:

Has he/she previously been a victim of a hate incident? Yes No

7. COMPLAINANT (if not victim)

Name:

Age: Gender:

Address:

Post Code: Telephone Number:

8. DECLARATION

The victim/victim's parent/guardian or complainant should read this section before a signature is requested.

The information contained in this form will be held confidentially and may be held on computer and used to identify repeat offenders and victims.

I (Victim)

I (on behalf of) (Victim)

Give consent to South Derbyshire District Council receiving details of this incident and using them for internal monitoring policies only.