


Corporate Monitoring Form for Hate Crime Incidents

This form must be used to record hate crime incidents that are reported to the Council, including those made by members of the public and staff, and the action that has been taken in response to these reports. Hate crime incidents are any incidents regarded as such by the victim or anyone else.

VICTIM DETAILS

Full Name:	
Address:	
Post Code:	
Date of Birth:	Gender:
Type of Accommodation: Owner Occupied <input type="checkbox"/> Council <input type="checkbox"/> Housing Association <input type="checkbox"/> Private Rented <input type="checkbox"/> Temporary Accommodation <input type="checkbox"/> Homeless <input type="checkbox"/>	
Ethnicity: <u>Asian:</u> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian <input type="checkbox"/> <u>Black:</u> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black <input type="checkbox"/> <u>White:</u> British <input type="checkbox"/> Irish <input type="checkbox"/> Greek Cypriot <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> Other White <input type="checkbox"/> <u>Mixed:</u> Asian & White <input type="checkbox"/> African & White <input type="checkbox"/> Caribbean & White <input type="checkbox"/> Other Mixed <input type="checkbox"/> <u>Other:</u> <i>(please specify)</i>	
Language Spoken:	Interpreter Required Y/N
Faith:	

INCIDENT DETAILS

Brief Description of Incident including effect on victim:
Nature of Incident: Verbal Abuse <input type="checkbox"/> Physical Assault <input type="checkbox"/> Damage to Property <input type="checkbox"/> Threat of Violence <input type="checkbox"/> Graffiti <input type="checkbox"/> Incitement of Hate Crime <input type="checkbox"/> Other <input type="checkbox"/> <i>(please specify):</i>

Date of Incident: _____ Time of Incident (where possible): _____

Is an extreme organisation believed to be involved? Yes/No
 (please specify): _____

Location of Incident: (please specify postcode and/or ward where possible)
 In or Near Home Place or Worship School/College Street Work Place
 Licensed Premises Leisure Facility Other (please specify): _____

Post Code _____ Ward _____

Is the Incident Part of a Series? Yes/No
If yes, is it the same perpetrator(s)? Yes/No
Has previous incident(s) been reported before? Yes/No

Who identified the incident as Hate Crime?
 Victim Police Person reporting Other (please specify): _____

PERPETRATOR DETAILS

Full Name(s) (if known) _____

Address: _____

Ethnicity:
Asian: Bangladeshi Indian Pakistani Chinese Other Asian
Black: African Caribbean Other Black
White: British Irish Greek Cypriot Turkish Cypriot Other White
Mixed: Asian & White African & White Caribbean & White Other Mixed
Other (please specify)

Relationship to Victim: _____

ACTION(S) TAKEN

Please note that a written record must be retained of any action taken. More than one box may be ticked.

Report Investigated <input type="checkbox"/> Warning Letter issued to Perpetrator <input type="checkbox"/> Oral Warning to Perpetrator <input type="checkbox"/> Referred to Police <input type="checkbox"/> Court Action <input type="checkbox"/>	Disciplinary Action <input type="checkbox"/> Graffiti Removal <input type="checkbox"/> Mediation <input type="checkbox"/> No action required, report acknowledged* <input type="checkbox"/>
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Other (please specify):

* All reported incidents should be acknowledged in writing, including those where the victim has asked that no further action be taken

Officer Receiving Report:



Date:

Service Area: