

Hate Incident Reporting Form



CUMBRIA
CONSTABULARY
SAFER STRONGER CUMBRIA

ABOUT THE INCIDENT

Are you the victim or a witness?

Victim Witness Third Party

If 3rd party reporting, is victim aware? (of report)

Yes No

What do you think motivated this incident?

Racism Religion Disability
Homophobia (sexual orientation)
Transphobia

Tell us about the incident in your own words, giving as much detail as possible

When did the incident take place?

Time Day Date

Where did the incident take place?

Street name / location

Town / City

Were there any injuries?

Were there any injuries?

Yes (If 'yes' please give details)

No

Did any loss or damage to property result from the incident?

Yes (If 'yes' please give details)

No

VICTIM INFORMATION

Age Gender Date of birth

First Language

To help us to deal with hate crime correctly, please tick how you would describe yourself / the victim?

Religion/Belief Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> White British |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Traveller |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other white background |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> Rastafarian | <input type="checkbox"/> White & Asian |
| <input type="checkbox"/> Sikh | <input type="checkbox"/> Other mixed background |
| <input type="checkbox"/> Other | <input type="checkbox"/> Indian |
| <input type="checkbox"/> No religion | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Bangladeshi |
| | <input type="checkbox"/> Black Caribbean |

Sexual Orientation

- | | |
|--|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other Black Background |
| <input type="checkbox"/> Gay/Lesbian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Any other ethnic group |
| | <input type="checkbox"/> Prefer not to say |

Does the victim have a disability?

Yes (If 'yes' please give details)

No

OFFENDER(S) INFORMATION

How many offenders were there?

Are they known?

Yes No

(If 'yes' please give names and if possible addresses)

Please provide a description?

(Consider age, sex, height, ethnicity, build and clothing)

Please describe any distinguishing marks or features about the person.

Was a vehicle used?

Please describe the vehicle e.g. colour, make model

PERSONAL INFORMATION

This information will be used to ensure that we direct our resources to deal with incidents of this nature.

If you wish this incident to be investigated please include how you would prefer to be contacted.

Your name:

Your address:

Postcode:

Telephone number:

Email:

How you would prefer to be contacted e.g. only at a certain time or location.

The police can get you a translator if you need one

Once completed please return this form in the envelope provided or post it in the box at your nearest centre

RESPECT

As part of the national Respect agenda, Cumbria Constabulary are leading a county wide campaign to tackle anti-social behaviour, helping create safer, stronger communities in Cumbria.

Cumbria Constabulary is encouraging people within Cumbria to take a stand against anti-social behaviour. By reporting incidents and engaging with the police, action can be taken so that the majority of law-abiding people no longer have to tolerate the behaviour of a few individuals and families that think they don't have to show respect to others.



INFORMATION

Your Local Officer is:

Your local Police Station is:

 0845 33 00 247
www.cumbria.police.uk