

## Hate Crime / Hate Incident Report Form

**“Any crime or incident that is motivated by hostility on the grounds of race, religion, sexual orientation, disability or transgender identity”**

*The information we are asking you to provide will only be used for the management of your hate crime or incident report, unless the law allows or if you give us further permission for the re-use of the information. All information supplied will be stored securely and will be retained for 7 years in line with retention guidelines. The information will be held in accordance with the Data Protection Act 1998 and forthcoming EU General Data Protection Regulation. If you have any questions about the collection of your information, what rights you have or wish to complain about the use of your information, please contact Nikki Minnikin, Data Sharing and Protection Officer – [dataprotection@doncaster.gov.uk](mailto:dataprotection@doncaster.gov.uk) or Civic Office, Waterdale, Doncaster, DN1 3BU.*

Date of incident report \_\_\_\_\_

### Recording Officer and Service Area

Name \_\_\_\_\_

Service Area \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Interpretation Details

**Was an interpreter used to assist the person reporting to complete this form?**

Yes	
No	

If yes, what language does the victim speak? \_\_\_\_\_

*Please note that interpretation services can be funded by the Community Safety Team for the purposes of completing this form. Please contact Rachael Long on 01302 737469 if required.*

**Incident Details**

*In order to enable us to respond to your enquiry without having to contact you for more information, please be as specific as possible with the information that you supply.*

Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_

**Please indicate which type(s) of hate crime the incident relates to:**

Race	
Religion	
Gender	
Age	
Sexual Orientation	
Gender Identity	
Disability	

**What was the nature of the incident? *Tick as many as apply***

Physical assault	
Verbal Abuse	
Arson	
Graffiti	
Noise Nuisance	
Offensive Literature	
Property or Vehicle Damage	
Harassment	
Threats	
Malicious Communications ( <i>Phone Calls / Text Emails / Social Media</i> )	

**Please give details of exactly what happened during the incident**

**Victim Details**

*If you feel that this incident is targeted at you, or it is affecting you or your family, it would assist us in dealing with this matter if you could provide some more information. \*\* If you choose not to provide additional information, or decline contact from an officer to discuss this matter further, this may significantly limit our ability to investigate this incident, and/or help prevent future recurrences. \*\**

**Are you happy for the details within this report form to be shared with the partnership?**

Yes	
No	

**Have you experienced this type of incident before?**

Yes	
No	

**Please tell us how many times**

Less than 3 times in the last 6 months	
More than 3 times in the last 6 months	

**How would you like to be contacted by an officer?**

Email	
Telephone	
Visit	

Please provide contact details: \_\_\_\_\_

**Is this affecting you and/or your health?**

Yes	
No	

**Are there any of the following groups in the household?**

Disabled	
Under 16	
Learning Disability	
Elderly	

**Were there any witnesses to the incident?**

Yes	
No	

If yes, please provide details of any witnesses

\_\_\_\_\_

**Age:**

16 and under	
17 – 24	
25 – 34	
35 – 44	
45 – 54	
55 – 64	
65 – 74	
75 and over	
Prefer not to say	

**Gender:**

Male	
Female	
Prefer not to say	

**Sexual Orientation:**

Heterosexual / Straight	
Homosexual / Lesbian	
Bisexual	
Prefer not to say	

**Marital Status:**

Single	
Married	
Widow	
Civil Partnership	
Divorced	
Prefer not to say	

**Gender Reassignment:**

Transsexual with acquired male gender	
Transsexual with acquired female gender	
Prefer not to say	

**Religion / Belief:**

Buddhist	
Christian	
Sikh	
Hindu	
Jewish	
Muslim	
No religion	
Prefer not to say	

**Race:**

Asian / Asian British Bangladeshi	
Asian / Asian British Indian	
Asian / Asian British Pakistani	
Asian / Asian British Chinese	
Other Asian Background (please state)	
Black / Black British African	
Black / Black British Caribbean	
Other Black Background (please state)	
White and Black African	
White and Asian	
White and Black Caribbean	
Other Mixed Background (please state)	
White British	
White Irish	
Other White Background (please state)	
Traveller	
Irish Traveller	
Gypsy	
EU Migrant	
Asylum Seeker	
Refugee	
Other (please state)	
Prefer not to say	

**Disability:**

*The Equality Act 2010 defines disability as 'a person has a disability if s/he has a physical or mental impairment which has a substantial and long term adverse effect upon their ability to carry out normal day to day activities'.*

**Do you consider yourself to have a disability?**

Yes	
No	

**If you do consider yourself to have a disability, please indicate which of the following describes your disability:**

Mobility (getting around)	
Visual Impairment	
Deaf / Hearing Impairment	
Using Hand / Fingers	
Learning Difficulty / Disability	
Mental Health	
Other (please state)	

**Offender Details**

**How many offenders were there?**

1	
2 – 5	
5 or more	

**Would you be able to identify the offender(s)?**

Yes	
No	

**Is the offender(s) known to you?**

Yes	
No	

**Name(s) of the offender(s):**

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**Address(es) of offender(s):**

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**Ethnicity of offender(s):**

Asian / Asian British Bangladeshi	
Asian / Asian British Indian	
Asian / Asian British Pakistani	
Asian / Asian British Chinese	
Other Asian Background (please state)	
Black / Black British African	
Black / Black British Caribbean	
Other Black Background (please state)	
White and Black African	
White and Asian	
White and Black Caribbean	
Other Mixed Background (please state)	
White British	
White Irish	
Other White Background (please state)	
Traveller	
Irish Traveller	
Gypsy	
EU Migrant	
Asylum Seeker	
Refugee	
Other (please state)	

**Gender of offender(s):**

Male	
Female	
Mixed Group	

**Age of the offender(s):**

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**Please provide any other description of the offender(s) e.g. height, build, hair colour, distinguishing marks:**

**Thank you for completing this form. Please return it marked CONFIDENTIAL to:**

**Rachael Long  
Community Safety Team  
Floor 3  
Civic Office  
Waterdale  
Doncaster  
DN1 3BU**