


Hate Crime Reporting Form

A hate crime is when a person, or group of people, bullies or hurts someone because they don't like who they are.

Please tell us your : Name:

Where you live: 

Telephone number: 

Did the hate crime happen to you? Yes No


If you saw this happen to someone else, please tell us their :

Name:

Where they live: 

Telephone number: 

Where did this happen?
.....

When did this happen? 

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

If you know the date please tell us:

What happened? Please write it in this box:

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Why do you think it happened?

It could be because someone has a disability or because they have a different colour skin.

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If the hate crime happened to you it would help us to know a bit more about you.

What is your ethnicity?

<u>White</u>	White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>	
<u>Mixed</u>	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other <input type="checkbox"/>
<u>Asian/Asian British</u>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other <input type="checkbox"/>
<u>Black/Black British</u>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other	<input type="checkbox"/>	
<u>Other Ethnic Groups</u>	Chinese	<input type="checkbox"/>	Any other group	<input type="checkbox"/>			

Are you a:

Man

Woman

How Old are you?

Are you happy for us to tell other people what happened to you? Yes No

By completing this form, your name will be placed on a list held by **Southampton City Council's Stronger Communities and Equalities Team.**

In accordance with the Data Protection Act 1998 this information may be used by us and other organisations to inform you of progress, new services, monitoring services, consultation or similar purposes.

If you do not wish your details to be passed to a third party please tick the box:

**SOUTHAMPTON LEARNING
DISABILITY**



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