Self Reporting Form

About the incident or crime

Are you the victim or a witness?
- [ ] Victim
- [ ] Witness
- [ ] Third party

Do you think the incident or crime was motivated by hostility or prejudice towards:
- [ ] Disability
- [ ] Race
- [ ] Religion
- [ ] Sexual Orientation
- [ ] Transgender
- [ ] Domestic abuse

Tell us about the incident in your own words, in as much detail as possible (please use a separate sheet if necessary)

Were there any injuries?
- [ ] Yes
- [ ] No

Please give details...

Did any loss or damage to property result from the incident?
- [ ] Yes
- [ ] No

Please give details...

About the Victim

Age  Gender  Date of birth

First language

What disability was subject to hostility or prejudice?

To help us to deal with hate crime correctly, please tick ✔ how you would describe the victim (this may be you).

Religion
- [ ] Buddhist
- [ ] Christian
- [ ] Hindu
- [ ] Jewish
- [ ] Muslim
- [ ] Rastafarian
- [ ] Sikh
- [ ] Other
- [ ] No religion
- [ ] Prefer not to say

Sexual Orientation
- [ ] Heterosexual
- [ ] Bisexual
- [ ] Gay/Lesbian
- [ ] Prefer not to say

(continued over)
About the Victim

Please tick how you would describe the victim (this may be you).

Ethnicity
- White British
- White Irish
- Any other white background
- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Black Caribbean
- Black African
- Any other black background
- Chinese
- Gypsy or Traveller
- Any other ethnic group
- Prefer not to say

About the offender(s)

How many were there? 

Do you know them?
- Yes
- No

Please give names and addresses if possible...

Can you describe them?
Consider age, gender, height, ethnicity, build and clothing...

Please describe any distinguishing marks or features about the offender/s

Was a vehicle used?

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

Your Personal Details

The details you have provided to us so far will be recorded for monitoring purposes. If you wish this incident to be investigated please include how you would prefer to be contacted.

Your name

Your address

Postcode

Telephone number

E-mail

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

Agency contact for help and support

Do you agree to this information being passed to your local agency partnership?
- Incident details only
- My personal details