



Incident Reporting Form

Questions 1, 5, 6, 8, 9, 13 & 16 are mandatory and must be answered.

1. Who are you reporting the hate crime/incident on behalf of? MANDATORY
(Please tick one box)

- Yourself
- A family member
- Someone else

2. When did the incident happen (approximate date)?

3. What time did the incident happen?

4. Where was the location of the incident e.g. street name or address?

5. Which area did the incident take place? MANDATORY
(Please tick one box)

- North Warwickshire
- Nuneaton & Bedworth
- Rugby
- Stratford
- Warwick District e.g. Warwick, Leamington
- Other

6. What type of incident was it? MANDATORY
(Please tick all boxes that apply)

- | | |
|---------------------|--------------------------|
| Discrimination | <input type="checkbox"/> |
| Damage to property | <input type="checkbox"/> |
| Online / electronic | <input type="checkbox"/> |
| Physical violence | <input type="checkbox"/> |
| Threats | <input type="checkbox"/> |
| Verbal abuse | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

7. Please give a brief description of the incident.

8. What do you think the motivation was behind the incident? MANDATORY
(Please tick all boxes that apply)

- | | |
|--------------------|--------------------------|
| Disability | <input type="checkbox"/> |
| Race | <input type="checkbox"/> |
| Religion or Belief | <input type="checkbox"/> |
| Sexual Orientation | <input type="checkbox"/> |
| Transgender | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

9. What would you like help with? MANDATORY
(Please tick all boxes that apply)

- | | |
|--|--------------------------|
| A safe space to talk about what happened | <input type="checkbox"/> |
| To talk through my options | <input type="checkbox"/> |
| Help reporting to the police | <input type="checkbox"/> |
| Support with an existing case | <input type="checkbox"/> |

Practical advice
Help to access counselling
I'm not sure
Other
I don't need any help

If other, please state what other help you require in the box below.

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10. Were there witnesses to the incident?

(Please tick one box)

Yes

No

11. Your contact Details

Name:

Address:

Contact phone
number:

Contact email:

12. Who else have you reported this incident to?

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13. What is your preferred method of contact? MANDATORY

Email	<input type="checkbox"/>
Letter	<input type="checkbox"/>
Phone	<input type="checkbox"/>
I do not want to be contacted	<input type="checkbox"/>

14. Do you have any additional needs or special requirements?

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15. Are there any language, communication or literacy difficulties we need to be aware of?

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16. I would like to report this incident to the Police. I give my consent to pass my details on to the police. MANDATORY

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

17. I would like to be contacted by an Equality and Inclusion Partnership (EQuIP) caseworker but DO NOT want my contact details passed on to any other agencies (including the police).

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

18. Victim Support offer many services including:

- Emotional and practical help to people who have been affected by crime in Warwickshire.
- Support regardless of whether you've contacted the Police and no matter how long ago the crime took place.
- Help for as long as it takes to overcome the impact of crime.

I would like my details to be passed to Victim Support.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Please return this form to:

Equality and Inclusion Partnership (EQuIP), Room 127, Morgan Conference Suite,
Rugby College, Technology Drive, Rugby, Warwickshire CV21 1AR