

Multi Agency Hate Response Strategy MAHRS

HATE INCIDENT MONITORING FORM



Note: A Hate Incident Monitoring Form is required for each victim of the incident.

Agency Title:

Agency Code or
crime file Number:

PART A - INCIDENT DETAILS

1. INDICATE THE CATEGORY OF HATE INCIDENT

Disability; Race; Religion / Belief; Sexual Orientation; Transgender

2. PARTICULARS OF INCIDENT

Name / Number:

Street:

Town:

Area:

Postcode:

Time, Day &
Date of Incident:

Time & Date
Reported:

Details of Incident: DATA PROTECTION – Do not include personal details of victim or person complained about. These should be listed as outlined in part C of the form. The box below will produce a scrollbar to accommodate your requirements.

- | | | | |
|-------------------------------------|--------------------------|--------------------------------|--------------------------|
| 1 Dwelling House (including Garden) | <input type="checkbox"/> | 7 Public Transport / Bus Stop | <input type="checkbox"/> |
| 2 Licensed Premises | <input type="checkbox"/> | 8 Restaurant / Takeaway | <input type="checkbox"/> |
| 3 Medical Establishment | <input type="checkbox"/> | 9 School / College/University | <input type="checkbox"/> |
| 4 Other | <input type="checkbox"/> | 10 Shop | <input type="checkbox"/> |
| 5 Other Business | <input type="checkbox"/> | 11 Sporting Event | <input type="checkbox"/> |
| 6 Place of Worship | <input type="checkbox"/> | 12 Street or other Public Area | <input type="checkbox"/> |

3. TYPE OF INCIDENT

- Damage to Property; E-mail; Fire Raising; Graffiti; Physical Assault; Text;
- Verbal Abuse; Social Media

Other (please specify)

Have the Police been involved in this incident? Yes / No

If yes, list all charges below if known:

Does the incident form part of a pattern? Yes / No / Not Known

Does the pattern relate to: Victim / Person complained about / Location of Incident

Repeat Victim? Yes / No / Not Known

If yes, specify number of incidents reported:

Who first reported the incident? Victim / Reporting Agency / Third Party Report / Witness

Other (please specify)

4. INITIAL ACTION TAKEN AND AGENCY REFERRAL

Initial Response: (detail below immediate action by receiving officer)

Information or Guidance Provided / Referred to Other Agency / Incident Recorded

Other Agency referred to for support: (this section to be completed if it is believed by officer receiving the complaint that other agencies are, or should be involved). **Referral should only occur with the persons consent.**

Children's Reporter NHS Social Services

CSRECL Police Stonewall

Education Procurator Fiscal Victim Support

Other support required: Community Language / British Sign Language (BSL) / Deaf Blind Braille or other formats (please specify)

5. ACTION BY RECEIVING OFFICER: This section should be completed by the person who is reporting the incident. (Please respond below – a scrollbar will appear to accommodate your requirements).

Name of receiving officer:

Date:

6. OUTLINE OF AGENCY ACTION PLAN: This section should outline the actions taken by the agency in relation to this incident and also the actions proposed to prevent a re-occurrence of the incident. (Please respond below, a scrollbar will appear to accommodate your requirements).

Name:

Date:

7. MULTI-AGENCY SUPPORT

TO BE COMPLETED BY MANAGER

Multi-Agency Case Conference:

Case Conference On-going: Yes / No

Case Conference Required: Yes / No

PART B - STATISTICAL INFORMATION

This section is for statistical purposes only and will assist the partners in identifying any demographic patterns in relation to the Hate Incident.

8a. Classification Details - Victim

1. Ethnicity

White

- Scottish; English; Welsh; Northern Irish; British; Irish; Gypsy / Traveller
- Polish; Any Other white ethnic group please write below;

Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in

Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write below

African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please write in

Other ethnic group

- Arab

Other (please write in)

2. Religion

Religion

- Other Christian; Roman Catholic; Church of Scotland; Muslim; Jewish; Sikh; Hindu;
- Ba'hai; Pagan; No Religion; Other; Prefer not to answer; Not Known

Language

Arabic; Bengali; Cantonese / Mandarin; English; Hindi; Punjabi; Urdu; Not Known

Other (please specify)

3. Disabilities

Disabled; Not Disabled; Not Known

4. Gender

Male; Female; Prefer not to say

5. Have you ever identified as being Transgendered?

Yes; No; Prefer not to say

6. Age

Years

7 Reason for Victimization

Clothing or Appearance; Religion or Belief; Sexual Orientation or Preference; Accent;
 Disability or Learning Difficulty; Not Known

8b. Classification Details - Person Complained About

1. Ethnicity

White

- Scottish; English; Welsh; Northern Irish; British; Irish; Gypsy / Traveller
 Polish; Any Other white ethnic group please write below;

Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in

Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
 Indian, Indian Scottish or Indian British
 Bangladeshi, Bangladeshi Scottish or Bangladeshi British
 Chinese, Chinese Scottish or Chinese British
 Other, please write below

African, Caribbean or Black

- African, African Scottish or African British
 Caribbean, Caribbean Scottish or Caribbean British
 Black, Black Scottish or Black British
 Other, please write in

Other ethnic group

- Arab
Other (please write in)

2. Religion

Religion

- Other Christian; Roman Catholic; Church of Scotland; Muslim; Jewish; Sikh; Hindu;
 Ba'hai; Pagan; No Religion; Other; Prefer not to answer; Not Known

Language

- Arabic; Bengali; Cantonese / Mandarin; English; Hindi; Punjabi; Urdu; Not Known
Other (please specify)

3. Disabilities

Disabled; Not Disabled; Not Known

4. Gender

Male; Female; Prefer not to say

5. Have you ever identified as being Transgendered?

Yes; No; Prefer not to say

6. Age

Years

7. Reason for Victimisation

Clothing or Appearance; Religion or Belief; Sexual Orientation or Preference; Accent;
 Disability or Learning Difficulty; Not Known

PART C - CONFIDENTIAL PERSONAL DETAILS

This part of the form is for internal use only and **MUST NOT** be forwarded to other agencies under any circumstances.

Police Only (crime reference number)

9a. Particulars of Victim - All Agencies

Name

Age

Sex

Occupation

Address

Name / Number:

Street:

Town:

Area:

Postcode:

Migrant Worker:

Yes / No

If yes, give Nationality:

9b. Person Complained About

Name

Age

Sex

Occupation

Address

Name / Number:

Street:

Town:

Area:

Postcode:

Migrant Worker:

Yes / No

If yes, give Nationality: