How do I use this form?

This form has been designed for you to report a hate incident or crime-that you may have directly experienced, witnessed or are reporting on behalf of someone else. You can report all types of hate incidents or crimes including damage, assault, verbal abuse and harassment. All hate incidents, whether classed as a crime or not should be reported. Once completed please either hand it in at your local Police Station

Or post it to:

Hartlepool Community Safety Team, Civic Centre, Hartlepool Borough Council Victoria Road, Hartlepool, TS24 8AY

Middlesbrough Community Safety Team, PO Box 502, Vancouver House, Gurney Street Middlesbrough, TS1 9FW

Redcar & Cleveland House, Kirkleatham Street, Redcar, TS10 1RT

Stockton Borough Council Community Safety Team, Stockton Police Station, The Square, Stockton-on-Tees, TS18 1TZ



Hate incident

This is any incident which you or any other person feels to be the result of hate or prejudice, based on your gender, race, religion or belief, disability, age or sexual orientation.

What happens next?

Hate Crime is taken very seriously by all agencies and partners that will respond. Key contact numbers for your area are listed below:-

Hartlepool Borough Council: (01429) 523100

Middlesbrough Council: (01642) 726001

Redcar & Cleveland (01642) 774774

Stockton Council Offensive Incident line: (01642) 607943



Victim Care & Advice (VCAS) can be contacted to provide free and confidential support if you have been a victim of hate crime on 0303 0401099. The service is open Mon-Fri 9am – 8pm and Saturday 9am – 5pm.

CALL A HALT TO HATE

Don't tolerate hate



Report hate incidents here

You can be a victim of hate crime because of your race, religion, disability, sexuality or gender.

Make a difference! If you have been a victim or know someone who has, please report it.

Section 1: Victim Personal Details

If you are completing this form on someone's behalf please complete all sections of the form including Section 4

Name:
Address:
Post Code:

Tel No:

Email Address:

Please tell us how you prefer to be contacted e.g. mobile, landline or email?

Male Female D.O.B.:

Country of Birth:

To help us deal with hate crime/incidents correctly, please tick how you would describe yourself.

Do you consider yourself to	be a person	with a
disability?		_
-	□Yes □	No

What is your first spoken language?

What is your ethnicity?

Black/ African/ Caribbean/ Black British

White Mixed/ Multiple Ethnic Groups

All information provided in this leaflet is confidential.

Section 2: Incident Details	Section 3: About the Offender(s)	
Vhen did it happen?	How many offenders were there?	
Date/Time:	Do you know them?	
Name:	If yes please give names and addresses:	
Street Name/Location & Postcode (if Known):		
	Would you recognise them again? Yes No	
Town:	Section 4: Person completing this form	
Fell us about the crime/ incident in your own words,	on behalf of someone else	
give as much detail as possible (please use a separate sheet if necessary, or should you want to	Did you witness this? Yes No	
tell us about other incidents).	Your name and Address/Organisation details	
	Telephone Number:	
	Email Address: Help and Support	
What do you think motivated the incident?	Has this incident already been reported to the	
Race Faith/religion/belief	Police or any other agency, if so please state the reference number/ organisation.	
Sexual Orientation Gender	Do you agree to your personal information being	
Were there any injuries? If yes, please give details of injuries.	passed to the Police for investigation Yes \Box No \Box	
	Do you agree to your personal information being passed to appropriate support agencies? Yes □No □	
Did any loss or damage to property result from	Have you previously been a victim of a hate incident?	
the incident? Yes □ No □	Please provide any further useful information	
	here:	

(if yes please give details including value of loss/ property damaged)
