

Call a Halt to Hate

Don't tolerate hate

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.



Report hate incidents here

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.

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.

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 Support can be contacted to provide free and confidential support if you have been a victim of hate crime on 0845 2770977,

The service is open Mon-Fri 8am – 8pm and Saturday 9am – 5pm.

ONCE COMPLETED PLEASE EMAIL FORM TO:

Hartlepool - community.safety@hartlepool.gov.uk

Middlesbrough - pcc@cleveland.pnn.police.uk

Redcar and Cleveland – pcc@cleveland.pnn.police.uk

Stockton - SMASBTeam@Stockton.gov.uk



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?
<input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your first spoken language?
What is your ethnicity? Asian / Asian British <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/> Black/ African/ Caribbean/ Black British <input type="checkbox"/> White <input type="checkbox"/> Mixed/ Multiple Ethnic Groups <input type="checkbox"/>

All information provided in this leaflet is confidential.

Section 2: Incident Details

When did it happen?
Date/Time:
Name:
Street Name/Location & Postcode (if Known):
Town:
Tell us about the crime/ incident in your own words, give as much detail as possible (or should you want to tell us about other incidents).
What do you think motivated the incident? <input type="checkbox"/> Race <input type="checkbox"/> Faith/religion/belief <input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender
Were there any injuries? If yes, please give details of injuries.
Did any loss or damage to property result from the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please give details including value of loss/property damaged)

Section 3: About the Offender(s)

How many offenders were there?
Do you know them? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please give names and addresses:
Would you recognise them again? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Person completing this form on behalf of someone else

Did you witness this? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your name and Address/Organisation details:
Telephone Number:
Email Address:
Help and Support
Has this incident already been reported to the Police or any other agency, if so please state the reference number/ organisation.
Do you agree to your personal information being passed to the Police for investigation <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to your personal information being passed to appropriate support agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been a victim of a hate incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any further useful information here: