

SECTION C. ABOUT THE VICTIM

Gender Age Date of Birth Occupation

First/preferred language

Do you require an interpreter? Yes No

To help us to deal with hate crime/incidents more effectively, we need information about the people experiencing them. Please tick how you would describe yourself – there is a ‘prefer not to say’ box if you don’t wish to answer any question.

Religion / Faith

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Rastafarian
- Sikh
- Other (please specify)
- No religion
- Prefer not to say

Sexuality

- Heterosexual
- Bisexual
- Gay/Lesbian
- Unsure
- Prefer not to say

Gender identity

Is your gender identity the same as the gender you were assigned at birth?

- Yes No Unsure Prefer not to say

Ethnicity

Asian / Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background, please state:

Mixed/ multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed / multiple ethnic background, please state:

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other white background, please state:

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black/ African/ Caribbean background, please state:

Other ethnic group

- Arab
- Any other ethnic group, please state:

Immigration Status - please tick if you consider yourself to be either a:

- Refugee/Asylum Seeker Migrant Worker Overseas Student Tourist

Disability (please refer to guidance for additional information)

Do you consider you have any disability? Yes No Prefer not to say

If yes, please give details:

SECTION D. CONTACT DETAILS OF VICTIM

The details you have provided to us so far will be recorded for monitoring purposes only. The following information will be used to *contact you, the victim* about the incident.

If you are not the victim, is this report being made with his/her knowledge? YES/NO

If NO, please go to Section E. If YES, please complete this section (Section D).

- ***If you do not wish to be contacted, please tick here***
- ***If you wish to remain anonymous, please tick here***

Your Name
(the victim)

Your Address
(the victim)

Postcode

Telephone number

Email

Please tell us how you would prefer the Caseworker to contact you, e.g. only at certain times or locations, by telephone, in person or by letter.

If necessary, in order that the hate crime/incident can be investigated, do you agree to allow the information in this form to be passed to:

another agency/organisation
the Police

Yes
 Yes

No
 No

SECTION E. AGENCY / THIRD PARTY / WITNESS INFORMATION

Name of Person completing form (if not the victim)

Name of Agency (if applicable)

Address and/or Email

Telephone Number(s)

Date and Time Form Completed

Further guidance on completing this form is available via www.westsussex.gov.uk/harmreduction or www.eastsussex.gov.uk or call Victim Support on **0845 38 99 528**.

For incidents happening in **East or West Sussex**, please return this form to **Victim Support Sussex**
Email: SussexHateIncidentReport@victimsupport.org.uk **Phone:** 0845 38 99 528 **Fax:** 01293 536888
Mail: Victim Support (Hate Incident Support Service), PO Box 101, Crawley, West Sussex, RH10 8UA.

For **Brighton & Hove**, completed forms should be sent to: Racial.harassment@brighton-hove.gov.uk
Mail: The Racial Harassment Case Worker, Partnership Community Safety Team
162 North St, Brighton, BN1 1EA **Phone:** 01273 292735

Thank you for completing this form.
*The information you have supplied
will be treated in confidence.*