

## PERSONAL DETAILS

The details you have provided to us so far, will be recorded for monitoring purposes.

If you wish this incident to be investigated including how you would prefer to be contacted.

Your Name

Your Address

Postcode

Telephone number

Email

Please tell us how you would prefer to be contacted e.g. only at certain times or location.

### Agency contact for help and support

Do you agree to this information being passed to your local agency partnership?

Incident details only  
My details

Yes  No  
 Yes  No

Office use

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

Reporting Hate Crime  
Providing us with your details will enable us to investigate the incident. Your information may also contribute to the arrest and/or prosecution of the offender/s.

Recording Hate Crime  
By completing this form you will enable the police to build up patterns of behaviour, areas of concern and provide us with a 'True Vision' of hate of crime within your community.

## WHY REPORT HATE CRIME?

ONCE COMPLETED PLEASE RETURN THIS FORM IN THE ENVELOPE PROVIDED.

YOU CAN ALSO HAND IT IN AT YOUR LOCAL POLICE STATION OR POST IT TO

True Vision  
Territorial Policing & Partnership Dept.  
Devon & Cornwall Constabulary  
Freepost EX300  
Exeter EX2 7HQ

HELP US TO SEE WHAT'S HAPPENING  
TRUE VISION

## HOW DO I USE THIS FORM?

This form has been designed for you to report any form of hate crime that you may have directly experienced, witnessed or are reporting on behalf of someone else.

You can report all types of crime, including damage, assault, verbal abuse and harassment.

Sometimes you may feel that the incident is too minor to bother the police. It is, however, still important to tell us what's happened.

## SELF-REPORTING FORM

HELP US TO SEE WHAT'S HAPPENING  
TRUE VISION

## ABOUT THE INCIDENT

### Are you a victim or a witness?

- Victim  Witness  Third party

### What do you think motivated this crime?

- Racism  Religion  Disability  
 Homophobia (sexuality)  Transphobia (gender)  
 Domestic abuse

### Tell us about the incident in your own words, giving as much detail as possible (please use a separate sheet if necessary):

### When did the incident take place?

Time  Day  Date

### Where did this happen?

Street name / location

Town / City

### Were there any injuries?

- Yes  No

If 'yes' please give details:

### Did any loss or damage to property result from the incident?

- Yes  No

If 'yes' please give details:

## ABOUT YOU

Age  Gender

First language

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

### Religion

- Buddhist  
 Christian  
 Hindu  
 Jewish  
 Muslim  
 Rastafarian  
 Sikh  
 Other  
 No religion  
 Prefer not to say

### Sexuality

- Heterosexual  
 Bisexual  
 Gay/Lesbian  
 Prefer not to say

### Ethnicity

- White British  
 White Irish  
 Any other white background  
 White & black Caribbean  
 White & black African  
 White & Asian  
 Any other mixed background  
 Indian  
 Pakistani  
 Bangladeshi  
 Black Caribbean  
 Black African  
 Any other black background  
 Chinese  
 Any other ethnic group  
 Prefer not to say

## ABOUT THE OFFENDER(S)

How many offenders were there?

### Do you know them?

- Yes  No

If 'yes' please give names and if possible addresses

### Can you give a description?

(Consider: age, sex, height, ethnicity, build and clothing)

Please describe any distinguishing marks or features about the person?

### Was a vehicle used?

Please describe the vehicle e.g. colour, make, model