

# Self Reporting Form

TRUE  
VISION

## About the incident or crime

### Are you the victim or a witness?

Victim  Witness  Third party

### Do you think the incident or crime was motivated by hostility or prejudice towards:

Disability  Race  Religion  
 Sexual Orientation  Transgender  
 Domestic abuse

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

### When did the incident take place?

Time      Day      Date

### Where did it happen?

Street name / location

Town / City

### Were there any injuries?

Yes  No

Please give details...

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

Yes  No

Please give details...

## About the Victim

Age      Gender      Date of birth

First language

What disability was subject to hostility or prejudice?

To help us to deal with hate crime correctly, please tick  how you would describe the victim (this may be you).

### Religion

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

### Sexual Orientation

Heterosexual  
 Bisexual  
 Gay/Lesbian  
 Prefer not to say

(continued over)

## About the Victim (continued)

Please tick  how you would describe the victim (this may be you).

### 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
- Gypsy or Traveller
- Any other ethnic group
- Prefer not to say

## About the offender(s)

How many were there?

Do you know them?

- Yes  No

Please give names and addresses if possible...

Can you describe them?

Consider age, gender, height, ethnicity, build and clothing...

Please describe any distinguishing marks or features about the offender/s

Was a vehicle used?

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

## Your 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 please include how you would prefer to be contacted.

Your name

Your address

Postcode

Telephone number

E-mail

How you would prefer to be contacted e.g. only at a certain time or location.

Agency contact for help and support

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

- Incident details only  Yes  No  
My personal details  Yes  No