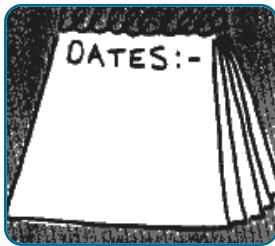


IN AN EMERGENCY DIAL 999

BULLYING, HATE CRIME AND HARASSMENT REPORTING FORM

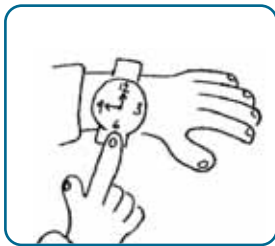


What was the date of the incident?

.....

What is the date of this report?

.....



What was the time?

.....

PLEASE TELL US YOUR NAME:



My name is:

PLEASE TELL US YOUR ADDRESS:



Number / House Name:

Road:

.....

..... Postcode



My telephone number is:



Daytime



Evening

My 'I Count' number (if you have one) is:

IS ANYONE ELSE HELPING YOU TO FILL IN THIS FORM?

Yes No

IF YES, CAN YOU ASK THEM TO FILL IN THE REST OF THE FORM

Supporter Name:

Relationship to you:

Address:.....

.....

.....

Telephone Number:

E-mail:

.....

What action has been taken so far?

.....

.....

.....

PART 1

WHAT HAPPENED TO YOU?

To tell us about what happened, answer the questions by ticking the right boxes.



Do you think this happened to you because of your learning disability? Yes No



I was called names



I had people laugh at me



I was sworn at



I had money stolen

I have had something else stolen

.....



I was hit or kicked

I was touched in a way I didn't like



I had something thrown at me



I had something thrown at my house

Did anything else happen to you?

.....
.....
.....

PART 2 WHO DID THIS TO YOU?



Family member



Friend



Paid Carer



Co-worker



Someone at my school/college

STRANGER



One person



Was it a man?



Was it a woman?



Two People



Were there men and women?



A group of people



Were they adults?



Were they teenagers?



Were they children?

Do you know their names? Yes No

If you do, what are their names?

.....



Do you know where they live?

Yes No

If yes, where

.....

Have they done this before? Yes No

If yes, how many times?

What action did you take if any?

.....

.....

.....

1st PERSON

Did they wear glasses?

Yes No



Hair colour

.....

Skin colour

.....

2nd PERSON

Did they wear glasses?

Yes No



Hair colour

.....

Skin colour

.....

OTHER

Did they wear glasses?

Yes No



Hair colour

.....

Skin colour

.....

Is there anything else you can tell us about them e.g clothing?

.....
.....
.....
.....

or you can draw a picture below

Did anyone else see this happen? Yes No

Who were they? / Do you know their name?

.....

PART 3

WHERE DID IT HAPPEN?



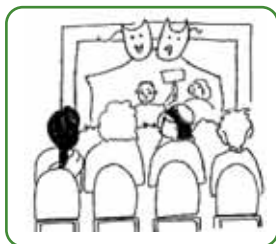
On the street

Which street?



In the park

Which park?



In the cinema/theatre

Which cinema/theatre?



In the pub

Which pub?



At the shops

Which shops?



At the Sports Centre

Which Sports Centre?



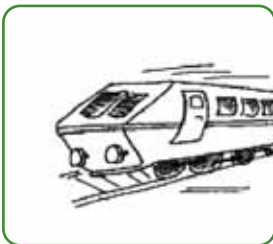
At the busy stop

Which bus stop?



On the bus

Which bus?



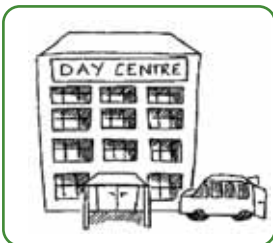
On the train or at the station

Which train or which station?



At school/college

Which school/college?



At a day centre

Which day centre?



At home



At work



Any other place

Where?

PART 4 WHO DO YOU WANT TO TELL?



The police

A group organisation that you know

Which one?

Lambeth Hate Crime Coordinator

Is there anyone else you can think of that you would like to know?

.....



Is there anyone that you do **NOT** want to be told about this?

.....

CONFIDENTIALITY

We will keep information about you private and safe. We will not pass it on to people unless you or someone else may be hurt.



You may want to keep a copy of this form for yourself.

GUIDELINES TO FILLING IN THE FORM

This form has four main purposes;

- To allow people with learning difficulties to report crimes against them. The form can be used by the police as evidence so please try to provide as much information as possible.
- For hate crimes against people with disabilities to be reported/recorded, to ensure crimes are investigated and offenders of these crimes are brought to justice
- That victims/witnesses of these crimes are offered appropriate support
- It is important to complete this form and hand it in even if the victim wants to remain anonymous as the form will also be used to establish disability hate crime data in order to determine the extent of disability hate crime in the Borough, analysis of disability hate crime within the Borough e.g build up patterns of behaviour, highlight areas of concern etc.

Service providers/support workers/carers and anyone else who may be filling in this form on behalf of the victim: Please ensure you forward the form to the police **only if** the victim has stated they want the police to be informed. If the victim does not want the crime to be reported to the police, ensure the form goes to the appropriate agency/individual as stated by victim especially if the victim wants more than one agency to be informed.

If the victim does not want to report this to the police then the form can be used to report potential breaches of the vulnerable adults policy.

Please call Social Services Duty on 020 7926 5555 to report any breaches of the vulnerable adults policy.

If this form contains evidence of a serious crime e.g arson, attempted rape, fraud, murder, kidnap, etc then this form must be sent to the police.

If you have any questions regarding this form please call/email the Lambeth Hate Crime Coordinator or People First Lambeth – details can be found on page 12.

WHAT YOU NEED TO DO NOW

Please post the completed form to Lambeth Police:

Lambeth Borough
MPS Community Safety Unit
Frank O'Neil House
43-59 Clapham Road
London SW9 0JD

Or you can post it to:

Lambeth Hate Crime Coordinator

Community Safety Division
205 Stockwell Road
London SW9 9SL
Tel: 020 7926 2796 Email: YOKiyo@lambeth.gov.uk

Or

People First Lambeth

Lambeth Accord
336 Brixton Road
London SW9 7AA
Tel: 020 7642 0045
Email: general@peoplefirstlambeth.org.uk

Special thanks to the Lambeth Hate Crime Coordinator, MPS Hate Crime Liaison Officer, People First Lambeth, Advocacy Partners, Lambeth Mencap and Disability Advice Service Lambeth who worked in partnership in the design of this form.

Pictures in this leaflet are from the CHANGE Picture Bank –
email: [CHANGE at: contact@changeuk.demon.co.uk](mailto:contact@changeuk.demon.co.uk)

IN AN EMERGENCY DIAL 999