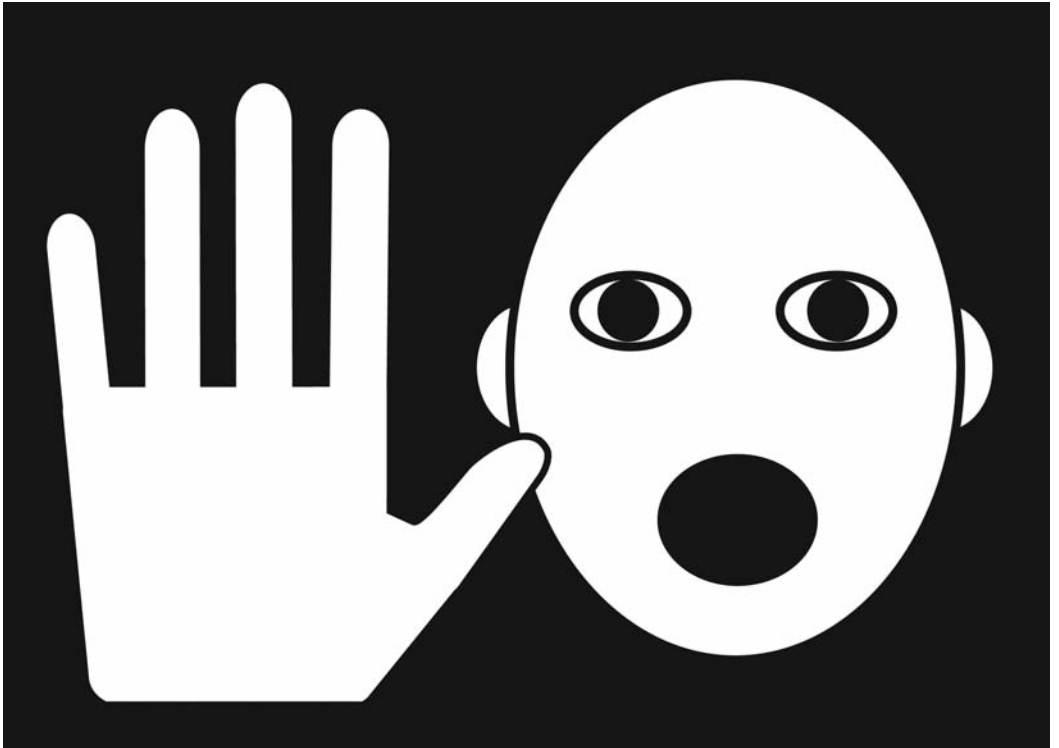


Suffolk  
Hate Crime Service

(01473) 668966

# Hate crime - Report It!



Email: [report@suffolkhatecrime.org.uk](mailto:report@suffolkhatecrime.org.uk)  
Report online: [www.suffolkhatecrime.org.uk](http://www.suffolkhatecrime.org.uk)



# Translations

Do you speak English?

Yes

No

If you need help to understand this information in another language please call the number below.

إذا تحتاج إلى مساعدة لفهم هذه المعلومات في أي لغة أخرى فالرجاء الاتصال على الرقم التالي.

Arabic

এই লেখাটি যদি অন্য ভাষাতে বুঝতে চান তাহলে নিচের নম্বরে ফোন করুন

Bengali

如果你需要其他語言來幫助你了解這些資訊，請撥以下電話。

Chinese

اطلاعات به زبان دیگری نیاز دارید لطفاً به شماره زیر زنگ بزنید.  
شما اگر برای درك این

Dari/Farsi

Si vous avez besoin d'aide pour comprendre cette information dans une autre langue, appelez s'il vous plaît le numéro suivant."

French

જો તમારે આ માહિતી બીજી ભાષામાં જાણવા માટે શોધવાની જરૂર છે, તો કૃપા કરી શીથેલા નંબર પર કોલ કરો.

Gujarati

بەم زانیارییەشێتێی ئە ب ت گەیتێی ە یارمەتی بگەیت بەگەیت  
بەگەیت یە یارمەتی ئە ب ت گەیتێی بە یە یە بەزەمان گەیت بەر تەگەیت

Kurdish

Jeżeli potrzebujesz pomocy w zrozumieniu tych informacji w swoim języku zadzwoń na podany poniżej numer.

Polish

Se precisar de ajuda para ler estas informações em outra língua, por favor telefone para o número abaixo.

Portuguese

If you would like this information in another format, including audio tape or large print, please call **01473 668966**

# What is a Hate Crime?

A 'Hate Crime' or 'Hate incident' is when people are called names, laughed at, bullied, harassed, hit or have their property stolen or damaged (etc) because of their



Race



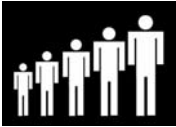
Religion  
or Belief



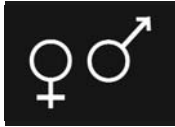
Physical or  
Sensory  
Disability



Learning  
Disability or  
Mental Health



Age



Gender



Sexual  
Orientation



Gender  
Identity

# What is the Suffolk Hate Crime Service?

The Suffolk Hate Crime Service employs support workers to support people and families who experience or witness Hate Incidents or Hate Crimes in Suffolk

**It is important that you tell us when you have experienced a Hate Incident or Hate Crime even if you do not wish to be contacted by the Suffolk Hate Crime Service or the Police**

# What should you do with this form?

Complete **Part 1** to tell the Suffolk Hate Crime Service that you have experienced a Hate Incident or Hate Crime

Complete **Part 2** to help us understand who is experiencing Hate Incidents and Hate Crimes in Suffolk

Complete **Part 3** if you would like to be contacted by the Suffolk Hate Crime Service support workers who will talk with you about your needs.



Please return this form to:  
**Suffolk Hate Crime Service**  
c/o Old Crown Court Annex,  
Civic Drive, Ipswich, IP1 2AW



You can contact the Suffolk Hate Crime Service on **01473 668966**  
**Monday to Friday 9.00am to 5.00pm**



**report@suffolkhatecrime.org.uk**  
**www.suffolkhatecrime.org.uk**



You can also report bullying and harassment directly to Suffolk Police **(01473) 613500**

**IN AN EMERGENCY PLEASE DIAL 999**  
**www.suffolk.police.uk**

Today's date:

## Part 1: What happened?

### Part 1a: Who did this happen to?

Did this happen to you? Yes  No

Did you see this happen to someone else? Yes  No

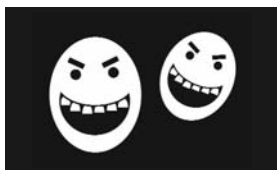
Did anyone else see what happened? Yes  No

Who? .....

Has this happened before? Yes  No

When? .....

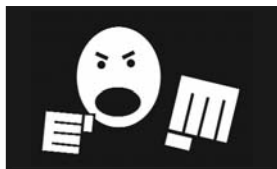
### Part 1b: What happened?



I was called names/people laughed at me.



I had something stolen.



I was hit or kicked.



I had something thrown at me.



Damage was done to my house.

Was it something else? .....

.....

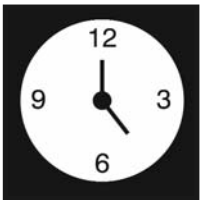
.....

## Part 1c: When did this happen?



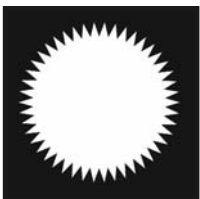
Date:

.....

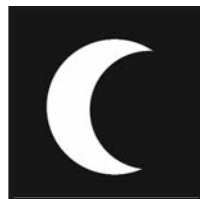


Time:

.....



Day



Night

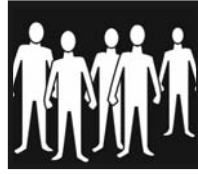
# Part 1d: Who did this?



One person



Two people



A Group of people



Was it one man or a group of men?



Was it one woman or a group of women?



Were there both men and women?

Do you know this person or people? Yes  No

Who are they? .....

How do you know this person? .....

.....



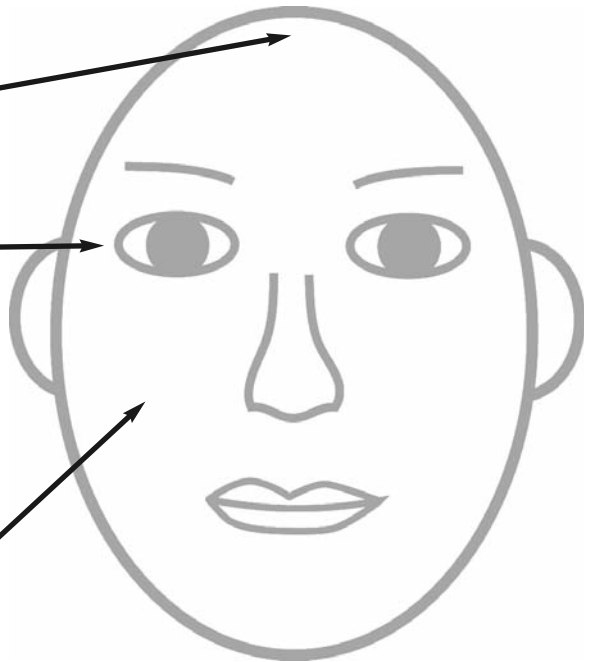
Do you know where they live?

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

**Hair colour**  
.....

**Did they wear glasses?**  
Yes  No

**Skin colour**  
.....



**Age**

Under 16	<input type="checkbox"/>
17 - 19	<input type="checkbox"/>
20 - 29	<input type="checkbox"/>
30 - 39	<input type="checkbox"/>
40 - 49	<input type="checkbox"/>
50 - 59	<input type="checkbox"/>
over 60	<input type="checkbox"/>

Is there anything else you can tell us about them?

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

# Part 1e: Where did this happen?

Which Town or Village? .....



On the street?

Which street? .....



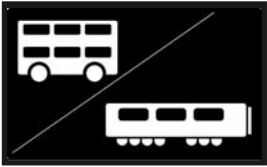
In the park?

Which park? .....



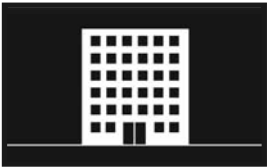
The pub or club

Which pub or club? .....



On the bus or train

Which bus or train? .....



At college

Which college? .....



At home / where you live?

Any other place? .....

# Part 2 - About you

Please answer these questions to help us understand who is experiencing Hate Incidents and Hate Crimes in Suffolk.



What is your ethnicity?

.....



What is your Religion or Belief?

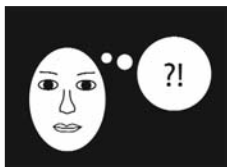
.....



Do you have a Physical or sensory disability? (If yes please describe)

.....

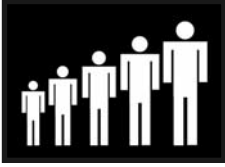
.....



Do you have a Learning disability or use Mental Health support services? (If yes please describe)

.....

.....



What is your age?

.....



What is your Gender?

Male

Female



Please tell us your sexual orientation.

Heterosexual

Gay man

Gay Woman/lesbian

Bisexual



Are you transgender? (please describe)

.....

# Part 3 - Do you want us to contact you?

Please complete this section if you would like to be contacted by the Suffolk Hate Crime Service support workers who will talk with you about your needs.

**This information will not be shared with anyone else.**



My name is:

.....

Please tell us your address:

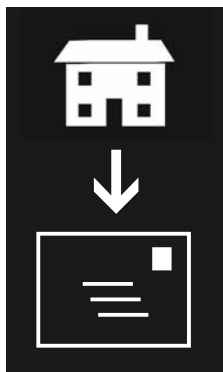
Number / House Name: .....

Road: .....

Town: .....

County: .....

Postcode: .....





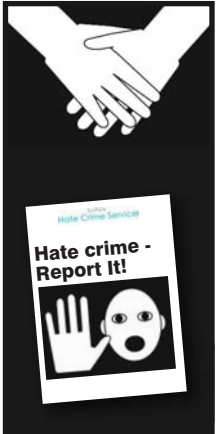
My telephone number is:

.....



My email address is:

.....

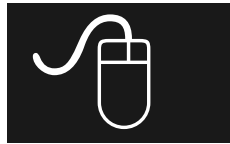


Has anyone helped you fill in this form?

Yes  No

Who? .....

How would you like us to contact you?



Telephone

Post

E-mail

Through the person named above





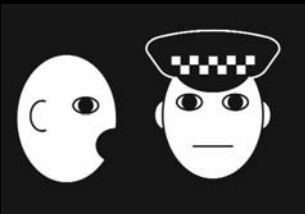
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