

Hate Crime / Incident Reporting Form

Case # _____

Victim Information:

Name(s): _____ Age: _____

Address: _____ Location of incident: _____

City: _____ Zip Code: _____

Race/Ethnicity/National Origin: _____ Gender: _____

Location of Incident:

Religious Site/Organisation
 Business
 Public Space
 Community Based Organisation
 Residence
 School
 Government/Public Building
 Other: _____

Location of Incident:

Hate Crime
 Hate Incident
 Bias Event

Type of Hate Crime / Incident:

Annoying Email
 Annoying Phone Call
 Assault with a Deadly Weapon
 Assault/Battery
 Attempted Murder
 Bomb Threat
 Brandishing a Weapon
 Criminal Threat
 Displaying Swastika to terrorist property owner
 Vandalism / Graffiti
 Robbery/Attempted Robbery
 Other: _____

KINDLY INCLUDE FULL NARRATIVE DESCRIPTION OF INCIDENT ON SECOND PAGE

Race / Ethnicity / National Origin
 Gender
 Disability
 Religion
 Anti - Transgender
 Anti - Immigrant
 Middle East Conflict
 Sexual Orientation
 Other: _____
 Specific Slur/Words used: _____

Suspect(s) Information:

Number of Offender(s): _____ Age Estimate: _____

National Origin: _____ City: _____

Number in Group: _____ Zip Code: _____

Location of incident: _____ Gender: _____

Further Comments:
