

How do I use this form?

This form has been designed for you to report a hate incident or crime that you may have directly experienced, witnessed or are reporting on behalf of someone else. You can report all types of hate incidents or crimes including damage, assault, verbal abuse and harassment. Once completed please either post or email to the following addresses:

Hartlepool Community Safety Team, Hartlepool Police Station, Avenue Road, Hartlepool, TS24 8BB
Email: community.safety@hartlepool.gov.uk

Middlesbrough Community Safety Team, Grove Hill Hub, Bishopton Road, Middlesbrough, TS4 2RP
Email: asbunit@middlesbrough.gov.uk

Redcar & Cleveland Community Safety Team, Redcar & Cleveland House, Kirkleatham Street, Redcar, TS10 1RT
Email: reportheatincidents@redcar-cleveland.gov.uk

Stockton Borough Council Community Safety Team, Stockton Police Station, The Square, Stockton-on-Tees, TS18 1TZ
Email: SMASBTeam@stockton.gov.uk

NOTE THESE CONTACTS ARE NOT MONITORED 24 HOURS A DAY, FOR URGENT ASSISTANCE ALWAYS CONTACT THE POLICE ON 999 OR 101



Hate incident

This is any incident which you or any other person feels to be the result of hate or prejudice, based on your transgender identity, race, religion or belief, disability, age or sexual orientation.

What happens next?

Hate Crime is taken very seriously by all agencies and partners that will respond. Key contact numbers for your area are listed below:-

Hartlepool Borough Council: (01429) 523100

Middlesbrough Council: (01642) 726001

Redcar & Cleveland: (01642) 774774

Stockton Council Offensive Incident line:
(01642) 607943



Victim Care & Advice (VCAS) can be contacted to provide free and confidential support if you have been a victim of hate crime on 0303 0401099.

The service is open Mon-Fri 9am – 8pm and Saturday 9am – 5pm.

CALL A HALT TO HATE



Don't tolerate hate



Report hate incidents here

You can be a victim of hate crime because of your race, religion, disability, sexuality or transgender identity. Make a difference! If you have been a victim or know someone who has, please report it.

Cleveland Police have a statutory duty to uphold the law, prevent crime, bring offenders to justice and protect the public. To do this it is necessary for us to process your personal information under Part 3 of the Data Protection Act 2018, known as "Law Enforcement Processing". This means we process your personal information to help us carry out tasks that are laid down in law and collectively described as the administration of justice. For more details visit www.cleveland.police.uk

Section 1: Victim Personal Details

If you are completing this form on someone's behalf please complete all sections of the form including Section 4. All information provided in this leaflet is confidential.

Name:

Address:

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Post Code:

Tel No:

Email Address:

Please tell us how you prefer to be contacted e.g. mobile, landline or email?

Male Female Non-binary

D.O.B.:

Country of Birth:

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

Do you consider yourself to be a person with a disability? Yes No

What is your first spoken language?

What is your ethnicity?

Asian / Asian British Other Ethnic Group

Black/ African/ Caribbean/ Black British

White Mixed/ Multiple Ethnic Groups

Section 2: Incident Details

When did it happen?

Date/Time:

Street Name/Location & Postcode (if Known):

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Town:

Tell us about the crime/ incident in your own words, give as much detail as possible (please use a separate sheet if necessary, or should you want to tell us about other incidents).

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What do you think motivated the incident?

Race Faith/Religion/Belief Disability

Sexual Orientation Transgender

Were there any injuries? If yes, please give details of injuries.

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

Yes No

(if yes please give details including value of loss/ property damaged)

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Section 3: About the Offender(s)

How many offenders were there? _____

Do you know them? Yes No

If yes please give names and addresses:

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Section 4: Person completing this form on behalf of someone else

Did you witness this? Yes No

Your name and Address/Organisation details

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Telephone Number:

Email Address:

Help and Support

Has this incident already been reported to the Police or any other agency? If so please state the reference number/ organisation.

Do you agree to your personal information being passed to:

- the Police Yes No
- the Local Authority Yes No
- Support agencies Yes No

Have you previously been a victim of a hate incident? Yes No

Please provide any further useful information here:

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