

Hate Crime and Incident Report

Hate Crime/Incident Information

1. Reporting Agency: _____

2. Date of occurrence: _____ 3. City of Occurrence: _____

4. Police Report/Case #: _____ b.) Not Reported As of _____

5. Reporting Officer/Representative/Contact: Name: _____ Phone: _____

6. Location of occurrence: Residence Work/ Business Place of Worship University/ College
 Jail/Detention Center Elementary/Junior/High School Public Area Other: _____

7. Offense: Aggravated Assault Arson Attempted Murder Criminal Threat
 Destruction/Vandalism Email/Phone Forcible Rape Harassment Larceny/theft Murder
 Mail/Literature Robbery Simple Assault Vehicle Theft Other: _____

Client Information:

Primary Language: _____ Secondary: _____

Name (Last, First, MI): _____

Street Address: _____ City _____ CA, ZIP _____

Phone: () _____ Date of Birth: / / Sex: Male / Female / Transgender

Sexual Orientation: Gay/Lesbian Bisexual Heterosexual Unknown

Race/Ethnicity: American Indian/Alaskan Native Asian/Pacific Islander Black/African American
 Latino/Hispanic Middle Eastern/Arab White/Caucasian Multi Other: _____

Religion: Buddhist Christian Jewish Muslim Sikh Other: _____

Age: 10-19 20-29 30-39 40+ Physical/Mental Disability: Yes No Unknown

Perpetrator Information:

Name (Last, First, MI): _____

Street Address: _____ City _____ CA, ZIP _____

Race/Ethnicity: American Indian/Alaskan Native Asian/Pacific Islander Black/African American
 Latino/Hispanic Middle Eastern/Arab White/Caucasian Multi Other: _____

Religion: Buddhist Christian Jewish Muslim Sikh Other: _____

Sex: Male / Female / Transgender Age: 10-19 20-29 30-39 40+

Physical/Mental Disability: Yes No Unknown

OFFICE USE ONLY:

Intake by: _____ Date: _____

Can we provide your information to other organizations? Referrals: _____

HRC USE ONLY:

Hate Crime Hate Incident Undetermined Bias Motivation Anti-_____

