######

**Shropshire Schools Hate-Related Incident Report Form**

**As part of the Public Sector Equality Duty (PSED) under the Equality Act 2010, schools are requested to report prejudice/hate-related incidents to Shropshire Council. Completed forms may be submitted by email to *EducationImprovementService@shropshire.gov.uk*; by Fax to 01743 254538 or by post to *EIS, Shropshire Council, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND*. Reports can also be made verbally on 01743 254386.**

**Numbers of incidents reported and nature of those incidents are reported to the Hate Crime Reporting Sub-group. The information is used to help inform community-based interventions to counter the problems identified. Specific support at school can be offered on request.**

**School name**

**Section A:** About the Incident/s

**What do you think motivated this incident? *(indicate all relevant characteristics)***

[ ]  Race [ ]  Religion / culture [ ]  Sex [ ]  Disability

 [ ]  Sexual orientation [ ]  Gender identity/presentation [ ]  Age\*

[ ]  Other (please define)

*\*age discrimination legislation does not apply to the treatment of pupils or provision of education.*

**Section B:** Tell us about the incident in your own words; giving as much detail as possible (please use a separate sheet if necessary):

**When did the incident take place?**

Time Day Date

**Where did it happen?**

Area of school / Street name or location if outside school / via electronic media (please give details below)

**What happened?**

**What injuries were suffered (Physical? Emotional?)** Please give details below:-

**Was any property lost or damaged?** **[ ]** Yes (If ‘yes’ please give details below) [ ]  No

**Frequency or duration of behaviour**

**[ ]** Once or twice [ ]  Persisting over one school term

[ ]  Several times a week [ ]  Persisting for more than a year

####

#### Section C: About the Victim

## Is the victim [ ]  Pupil [ ]  Staff member [ ]  Other adult [ ]  Other child

*(Name of victim is not needed in this context)* **Sex**  M/F Is this same as birth? Y/N

**If child - Year Group /Age**

**If adult - Age Group:** [ ]  16-24 [ ]  25-34 [ ]  35-44 [ ]  45-55 [ ]  Over 55

**Please indicate in the appropriate box how you would describe the victim:**

**Religion**/**belief** **Sexual orientation**

**[ ]** Buddhist [ ]  Rastafarian [ ]  Don’t know [ ]  Heterosexual

[ ]  Christian [ ]  Sikh [ ]  Bisexual

[ ]  Hindu [ ]  Other [ ]  Gay/Lesbian

[ ]  Jewish [ ]  No religion [ ]  Prefer not to say

[ ]  Muslim [ ]  Prefer not to say [ ]  Don’t know

### Ethnicity

[ ]  White British [ ]  White & Black Caribbean [ ]  Any other black background

[ ]  White & Black African [ ]  Indian [ ]  Chinese

[ ]  White Irish [ ]  Pakistani [ ]  Any other ethnic background

[ ]  White & Asian [ ]  Bangladeshi [ ]  Prefer not to say

[ ]  Other white background [ ]  Black Caribbean [ ]  Don’t know

[ ]  Any other mixed background [ ]  Black African

[ ] Eastern European

**Is the victim from a Gypsy or Traveller background?**

**[ ]** Yes [ ]  No [ ]  Don’t know

**Disability – please describe**  [ ]  Don’t know

#### Section D: About the offender(s)

**Details, with Year or age group/s if pupil/s; ethnicity; gender/gender identity; other relevant characteristics**

*(Name/s of offender/s not needed in this context)*

**If adult - Age Group:**

 [ ]  16-24 [ ]  25-34 [ ]  35-44 [ ]  45-55 [ ]  Over 55

 **Role / reason for presence at school**

**If offender/s is/are unknown, can you describe them?** (Consider height, ethnicity, build and clothing).

**Section E:** What now?

**Details of actions agreed with everyone involved –** including parents and carers where appropriate:

**Outcomes of follow up**

**Section F:** Details of person reporting (victim, witness or third party)

**Form Completed by:**

**Role: Date**

**Date this incident was reported to the authority:**

#### Police involvement:

## Does the person reporting / victim/parents or carers / school want the Police to investigate?

**[ ]** Yes [ ]  No

The police will want to collect evidence i.e. photograph any injuries the victim has; look for fingerprints left by the offender or swab any areas where the suspect has touched. If you have any evidence, which may be of use to the police then please ring them and tell them **immediately**. Shropshire Police 24 hour telephone number is: **101.**

#### Authorisation:

### Certain agencies can share de-personalised information without your consent.

## Do you agree to the information being passed to all the agencies involved in the local agency partnership? (The local agency partnership includes West Mercia Police, Shropshire Diversity Officer, Citizens Advice Shropshire and Victim Support Shropshire).

## This is requested to help in assessing and countering the levels of hate crime in Shropshire.

Incident details only [ ]  Yes [ ]  No

Personal details [ ]  Yes [ ]  No

Signature Date

**……………………………………………………………………………………………………………………………...…………**

***Follow-up – for any further interventions related to this incident (for School use – no additional formal reporting required).***

## If the behaviour does not stop after initial interventions, this space can be used to record additional steps being taken and outcomes for both victim and perpetrator:

Victim:-

Perpetrator:-