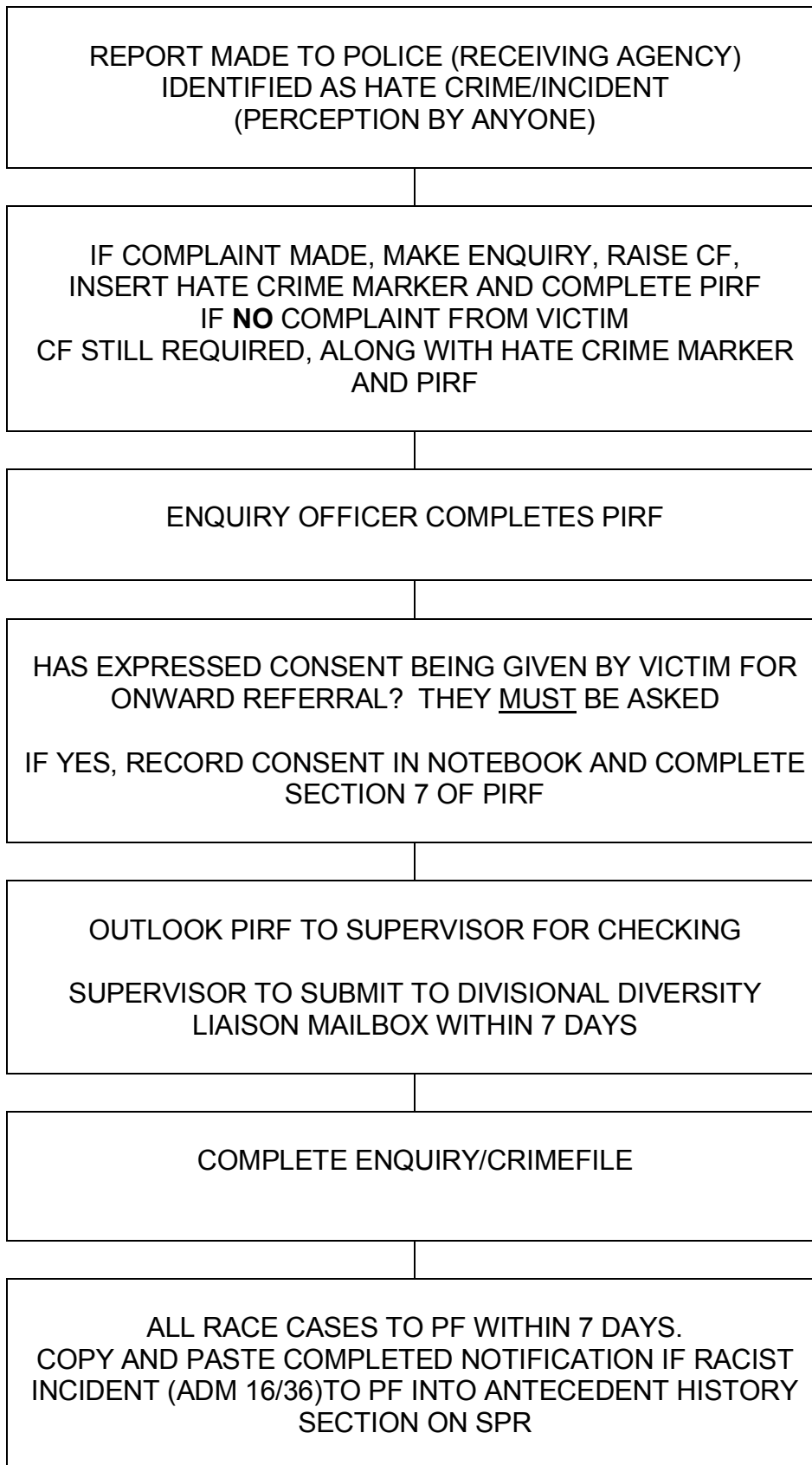


**PREJUDICE INCIDENT REPORTING FORM (PIRF) FLOWCHART  
ACTION ON REPORT OF HATE INCIDENT TO POLICE,  
IE AGE, DISABILITY, GENDER, RACE, RELIGION/FAITH OR SEXUAL ORIENTATION**



**PART 'A'**

**PREJUDICE INCIDENT REPORTING FORM**

**(To be used for Recording, Monitoring and Referring any Hate Crime or Prejudice Incident relating to Age, Disability, Gender, Race, Religion and Faith or Sexual Orientation)**

**Hate Crime Definition:** 'Hate crime is any crime where the perpetrators prejudice against any identifiable group or people is a factor in determining who is victimised'.

Receiving Agency: \_\_\_\_\_

Reference/CF No: \_\_\_\_\_

Date Reported to Agency: \_\_\_\_\_ (dd/mm/yy)

**Please indicate the Category of Hate Crime/ Prejudice Incident:**

Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Gender (incl Transgender)	<input type="checkbox"/>	Religion and Faith	<input type="checkbox"/>
Race (incl Gypsy/Traveller)	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>

**1. Where did the incident happen?**

Street: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

What **type of location** is this, ie bar, house, place of worship, etc?

Specify: \_\_\_\_\_

**2. When did the incident happen?**

Time: \_\_\_\_\_ hours on \_\_\_\_\_ (dd/mm/yy)

**3. What happened?**

Give **Brief** Details of what happened (do not identify individuals in this section):

**PART 'A'**

**4. What motivated the incident?**

Why was the victim targeted, eg identifiable feature, skin colour, etc

Please specify:

Who perceived the incident to be hate/prejudice related?

Please specify: \_\_\_\_\_

Is this a repeat incident?    Yes     No     Unknown

If Yes, what does it relate to:

Victim     Person Complained About   
Location     Other

Please specify: \_\_\_\_\_

Was this reported to any Agency?    Yes     No

If Yes:

Specify Agency reported to: \_\_\_\_\_

Reference Number (if known): \_\_\_\_\_

**PART 'A'**

**5. Victim Statistical Information**

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Does victim identify as transgender: Yes  No

Does Victim know Offender: Yes  No  Unknown

Main/First language if not English: \_\_\_\_\_ Interpreter required? \_\_\_\_\_

If victim not identified and unknown to witness please mark box and give as much detail as possible.

**Please indicate sub category of Hate/Prejudice Incident by completing relevant section(s).**

- If **Age** related incident complete **Section (a)**.
- If **Disability** related incident complete **Section (b)**.
- If **Gender** related incident complete **Section (c)**.
- If **Race** related incident complete **Section (d)**.
- If **Religion/Faith** related incident complete **Section (e)**.
- If **Sexual Orientation** related incident complete **Section (f)**.

**(a) AGE:** \_\_\_\_\_ years

**(b) DISABILITY**  Please specify:

Disfigurement	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Eyesight	<input type="checkbox"/>	Mobility	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	Other (specify):	_____

**(c) GENDER**  Please specify:

Female  Male  Transgender

**(d) RACE (self defined, including Gypsy/Traveller)**  Please specify:

African:	<input type="checkbox"/>	Multi Ethnic Background (specify):	_____
Asian Other (specify):	_____	Northern Irish:	<input type="checkbox"/>
Bangladeshi:	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>
Caribbean:	<input type="checkbox"/>	Pakistani:	<input type="checkbox"/>
Chinese:	<input type="checkbox"/>	Scottish:	<input type="checkbox"/>
Eire:	<input type="checkbox"/>	Gypsy/Traveller (specify):	_____
English:	<input type="checkbox"/>	Welsh:	<input type="checkbox"/>
Indian:	<input type="checkbox"/>	Unknown:	<input type="checkbox"/>

**PART 'A'**

**(e) RELIGION/FAITH (self defined)**  Please specify:

Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	No Religion/Belief	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Not Stated	<input type="checkbox"/>
Other (specify)	<hr/>		

**(f) SEXUAL ORIENTATION**  Please specify:

Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Not stated	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

**6. Offender Statistical Information (if known)**

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Do you consider yourself transgender: Yes  No

Sexual Orientation	Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Not stated	<input type="checkbox"/>
	Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

Does Offender know Victim/Informant: Yes  No  Unknown

Main/First language if not English \_\_\_\_\_ Interpreter required? \_\_\_\_\_

**Ethnicity/Appearance (self defined) (please tick or specify where appropriate):**

African:	<input type="checkbox"/>	Multi Ethnic Background (specify):	_____
Asian Other (specify):	_____	Northern Irish:	<input type="checkbox"/>
Bangladeshi:	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>
Caribbean:	<input type="checkbox"/>	Pakistani:	<input type="checkbox"/>
Chinese:	<input type="checkbox"/>	Scottish:	<input type="checkbox"/>
Eire:	<input type="checkbox"/>	Gypsy/Traveller (specify):	_____
English:	<input type="checkbox"/>	Welsh:	<input type="checkbox"/>
Indian:	<input type="checkbox"/>	Unknown:	<input type="checkbox"/>

**Religion/Faith (self defined) (please tick to specify):**

Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	No Religion/Belief	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Not Stated	<input type="checkbox"/>
Other (specify)	<hr/>		

**PART 'A'**

Do you consider yourself as having a disability?    Yes  No

Please specify:

Disfigurement	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Eyesight	<input type="checkbox"/>	Mobility	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	Other (specify): _____	

**If Not identified, please note any additional description:**

**PART 'B'**

**7. Data Protection Act**

**The Victim/Informant must be asked explicit consent for a referral to take place. This can be done in person or by other means (telephone, etc). Details of any explicit consent given should be recorded in your Police notebook. The Victim/Informant must be offered the opportunity to utilise the Language Line Service or an Interpreter to ensure understanding. The information contained in this form will be held confidentially, on computer, and used to tackle Hate Crime.**

A partnership approach is often the best way to resolve hate related incidents. The agencies specified have been identified as suitable for providing assistance and support to you, in regard to this case.

**(Police Use Only)**

To comply with Data Protection Regulations, the agencies specified below will only receive this form if victim gives written consent. Where consent is given, please give details below.

Notebook Number: \_\_\_\_\_

Page Number: \_\_\_\_\_

**Data Protection Declaration (Non Police Use)**

By signing this, I agree that the information provided by me on this form may be shared with the organisations listed for the purpose of processing the Prejudice Incident Reporting Form, identifying repeat victims and for support and assistance.

Signature of Victim/Informant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Data Protection Act 1998**

Your information will be processed fairly and lawfully and in accordance with the principles of the Data Protection Act 1998.

For the purposes of processing your personal information, \_\_\_\_\_ is the Data Controller. The nominated representative of \_\_\_\_\_ is \_\_\_\_\_. You have a right to obtain details of the personal information the Data Controller holds about you. Such a request is known as a Subject Access Request and should be made in writing to \_\_\_\_\_

**PART 'B'**

**8. What initial action was taken by the Agency receiving the report?**

Please specify:

Referred to other Agency? Yes  No

Education Departments  Police   
GREC and Voluntary Support Groups  Social Work   
Housing (specify)  Victim Support   
Other (specify) \_\_\_\_\_

Is a Multi Agency Case Conference required? Yes  No

**9. What is the Agency Action Plan? (To be completed by Senior Manager)**

(This should include any future work required by receiving Agency and Multi Agency Partners)

Further Action (please specify below)  No Further Action)

Senior Manager approving processing of form:

\_\_\_\_\_

Person completing Report: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART 'B'**

**DATA PROTECTION INFORMATION IN THIS SECTION MUST NOT BE PASSED OUTSIDE REPORTING AGENCY UNLESS FOR REFERRAL**

**10. Details of Victim/informant**

**Victim:**  **Informant (if not victim):**

This part of the form **MUST NOT** be forwarded to other agencies, unless express consent has been given under the Data Protection Declaration (Section 7).

If reported by a witness and the victim has been identified, then please also complete an additional victim details form which can be accessed at the bottom of this page.

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Nationality: \_\_\_\_\_

Current School:  
(if appropriate) \_\_\_\_\_

Address: \_\_\_\_\_

No/Name: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Area: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_



**PART 'C'**

**DATA PROTECTION INFORMATION IN THIS SECTION MUST NOT BE PASSED OUTSIDE REPORTING AGENCY**

**12. Details of Person(s) Complained About (if known)**

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Current School:  
(if appropriate) \_\_\_\_\_  
Address: \_\_\_\_\_  
No/Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_  
Area: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Tel No: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Email: \_\_\_\_\_

Has the person complained about been reported for previous hate related incidents? Yes  No

If Yes, please specify Agency Reference Number: \_\_\_\_\_

# GUIDELINES FOR COMPLETION OF PREJUDICE INCIDENT REPORTING FORM (PIRF) ELECTRONIC VERSION

## Page 2, Header

Receiving Agency	Insert Grampian Police
Reference No	Insert CF No here
Date Reported to Agency	Insert details as shown
Category of Hate Crime/Prejudice Incident	Tick the relevant box(es)

## Section 1

<u>Where did the incident happen</u>	Insert full address including postcode
Type of Location	Detail location type

## Section 2

<u>When did the incident happen</u>	Insert time (24 hours) and date
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## Section 3

<u>What happened</u>	Insert brief description of events
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## Page 3, Section 4

Motivation	Insert reasons given by victim or any other person as to their perception of Incident, eg identifiable feature, skin colour etc
Who perceived incident to be hate/prejudice related?	Specify Victim, Police, Witness, etc
Is this a repeated incident?	Tick relevant box(es)
If Yes, what does it relate to?	Tick relevant box(es)
Was this reported to any Agency?	Tick Yes or No
	Specify Agency - Insert name of Agency to which reported
Reference number	Leave Blank

## **Guidelines, cont**

### **Page 4, Section 5**

#### Victim Statistical Information

Insert required details

Sub category of incident

Complete relevant sub category details

For additional person - click here

Use if more than one Victim/Informant

### **Page 5, Section 6**

#### Offender Statistical Information

Insert required details

For additional person(s) - click here

Use if more than one accused

### **Page 7, Section 7**

#### Data Protection Act

This section is to be read out to Victim/Informant ONLY IF REFERRED to Partner Agency. Insert the relevant Agency requested.

Written consent is only required if a referral is requested.

A signature in the Enquiry Officer's notebook is sufficient.

Insert details of Notebook and Page Nos.

### **Page 8, Section 8**

#### Initial Action by Receiving Agency

Complete sections and tick relevant box(es)

Referred to other Agency

Tick Yes or No box

Offer services of useful, relevant Partner Agency and tick relevant box, if referral has been requested

Is a Multi Agency Case Conference required

Consider if useful to ask Partner Agency to deal with incident, along with Police

### **Section 9**

#### Agency Action Plan

This section to be completed by Inspector (Senior Manager)

### **Page 9, Section 10**

#### Details of Victim/Informant

This part of the form MUST NOT be forwarded to any other Agency - unless express permission has been given under the Data Protection Declaration (see page 7, section 7)

**Guidelines, cont**

For additional person(s) page - click here

Use if more than one Victim/Informant

**Page 10, Section 11**

Action taken by referred Agency

This section to be completed by Inspector  
(Senior Manager)

**Page 11, Section 12**

Details of Person(s) complained about

**THIS PART OF THE FORM MUST NOT BE  
PASSED TO ANY OTHER AGENCY -  
ACCUSED'S DETAILS**

Complete sections (if known)

For additional person(s) page - click here

Use if more than one Accused)

Previous Hate Related incidents

Tick Yes or No

If Yes

Insert CF Number