UWE Hate Incident Monitoring Form

July 2020

This form can be completed by the person who has experienced/witnessed a hate incident. The form can also be completed by a UWE staff member, Students’ Union or campus Trade Union representative, to record an incident on an individual’s behalf.

You do not need to give your name and address when reporting an incident, however, UWE will need this information if you want the University to take further action.

Examples of the incidents you can report using this form are:

* Verbal and physical abuse, bullying (including cyber bullying), hate mail
* Harassment or victimisation
* Verbal and/or physical threats to staff or students
* Negative coverage of particular groups through formal or informal university communications
* Name calling and humiliating/degrading language or actions
* Offensive graffiti
* Defacing posters

If this report is about you, please provide your details.

If this report is about someone else, please provide their details.

If you do not know the answer to a question, or do not want to answer it, please leave it blank or choose the ‘prefer not to say’ option.

**Please return this form to:** [**equalityanddiversityunit@uwe.ac.uk**](mailto:equalityanddiversityunit@uwe.ac.uk)

**Your details will be treated with the strictest confidence.**

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**Date:**  **Completed by:**

**Name of victim:**

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| --- |
|  |

**Telephone:**

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| --- |
|  |

**Email:**

|  |
| --- |
|  |

**Address:**

|  |
| --- |
|  |

**Are you a UWE student?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Are you a UWE staff member?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Are you an external contractor working on behalf or with UWE?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Are you a member of the public?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Do you give consent for this to be referred to the Police: (Yes / No)**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Name of perpetrator:**

|  |
| --- |
|  |

**Telephone:**

|  |
| --- |
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**Email:**

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**Address:**

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**Incident outline**

Please remember to include dates, times and the location of the incident

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**Number of incidents: Single or Multiple**

## Equalities monitoring form

Information provided on this form will help us to monitor those affected by hate incidents at UWE. The information will be treated as strictly confidential and will be used for statistical monitoring only.

### About the person reporting

**Please indicate your gender:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| Other |  |
| Prefer not to say |  |

**Do you identify yourself as trans/transgender?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

**What is your age?**

|  |  |
| --- | --- |
| Under 18 |  |
| 19 – 24 |  |
| 25 – 34 |  |
| 35 - 44 |  |
| 45 – 54 |  |
| 55 – 64 |  |
| 65 or over |  |

**What is your nationality?**

|  |  |
| --- | --- |
| What is your nationality |  |
| Prefer not say |  |

**What is your ethnic origin?**

|  |  |
| --- | --- |
| White – British |  |
| White – Welsh |  |
| White – Irish |  |
| White – English |  |
| White – Scottish |  |
| White – Northern Irish |  |
| Gypsy or Irish Traveller |  |
| Other White background |  |
| Black or Black British - African |  |
| Black or Black British - Caribbean |  |
| Other Black Background |  |
| Asian or Asian British - Bangladeshi |  |
| Asian or Asian British - Indian |  |
| Asian or Asian British - Pakistani |  |
| Other Asian Background |  |
| Mixed - White and Asian |  |
| Mixed - White and Black African |  |
| Mixed - White and Black Caribbean |  |
| Other Mixed background |  |
| Chinese |  |
| Arab |  |
| Other ethnic background – please state: |  |
| Prefer not to say |  |

**Do you consider yourself to be disabled?**

|  |  |
| --- | --- |
| Do you consider yourself to be disabled? |  |
| Prefer not say |  |

**Do you meet the legal definition of disability?**

This means you have a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry our normal day to day activities. Examples of impairment include dyslexia, undergoing treatment or recovery from long term health conditions such as heart disease or cancer, etc.

|  |  |
| --- | --- |
| Do you meet the legal definition of disability? |  |
| Prefer not say |  |

If you answered yes to either of the disability related questions please tick at least one of the boxes below

|  |  |  |
| --- | --- | --- |
| Specific learning disability *(such as dyslexia or dyspraxia)* |  |  |
| General learning disability *(such as Down’s Syndrome)* |  |  |
| Mental health condition *(such as depression or schizophrenia)* |  |  |
| Cognitive impairment  *(such as autistic spectrum disorder or resulting from a head injury)* |  |  |
| Long standing illness or health condition  *(such as cancer, HIV, diabetes, chronic heart disease or epilepsy)* |  |  |
| Physical impairment or mobility issues  *(Such as difficulty using arms or using a wheelchair or crutches)* |  |  |
| Deaf or serious hearing impairment |  |  |
| Blind or serious visual impairment |  |  |
| Other type or disability |  |  |
| General learning disability *(such as Down’s Syndrome)* |  |  |
| Prefer not to say |  |  |

**What is your religion or belief?**

|  |  |
| --- | --- |
| Buddhist |  |
| Christian |  |
| 25 – 34 |  |
| 35 - 44 |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Another faith or religion (please state) |  |
| No religion or faith |  |
| Prefer not to say |  |

**What is your sexual orientation?**

|  |  |
| --- | --- |
| Bisexual |  |
| Gay man |  |
| Gay woman/Lesbian |  |
| Heterosexual/straight |  |
| Other |  |
| Prefer not to say |  |

I hereby give my consent to process this information in accordance with the following notice:

The information you provide will be used solely to monitor the University’s Equality and Diversity compliance, in accordance with UK law. It will be stored in a database in the Human Resources department. The University's Data Controller is the Director of Finance. All personal data is processed in accordance with the terms and conditions of the Data Protection Act 1998.

**For Office Use only**

Signposting:

Individual signposted to:

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Information given to individual:

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Date signposted:

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