**Liverpool Joint Agency Group**

**Hate Incident Referral Form**

**A hate incident is any incident that may or may not constitute a criminal offence, which is perceived by the victim or any other person as being motivated by prejudice or hate. A hate crime is any incident, which constitutes a criminal offence, perceived by the victim or any other person, as being motivated by prejudice or hate. Any crime can be motivated by hate or prejudice. *Source: The Association of Police Officers (ACPO).***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Officer recording incident** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of officer** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Date** | | | | | |  | | | | | | | | | **Signature** | | | | | | |  | | | | | | |
| **Name of complainant** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Date** | | | | | |  | | | | | | | | | **Signature** | | | | | | |  | | | | | | |
| **Referring Agency/Individual** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Email** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Address & Phone Number** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is an interpreter required for this and future interviews?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Main language** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Other language** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Complainant Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First name(s)** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Last name** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Telephone** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Mobile** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Email address** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Victim Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First name(s)** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Last name** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Postcode** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Telephone / Land Line** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Mobile** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Email address** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Preferred contact method** | | | | | | | | | | |  | | |
| **Gender** | | **Male** | | | | | | | | | | |  | | | | | | | | | **Female** | | | | | | |  | | | | | **Transgender** | | | | | | | | |  | | | | | **Prefer not to say** | | | | | |  | | |
| **Sexuality** | | **Heterosexual** | | | | | | | | | | |  | | | | | | | | | **Gay** | | | | | | |  | | | | | **Lesbian** | | | | | | | | |  | | | | | **Bi-sexual** | | | | | |  | | |
| **Disabled** | | **Yes** | | | | | | | | | | |  | | | | | | | | | **No** | | | | | | |  | | | | | **If yes, please give details** | | | | | | | | |  | | | | | | | | | | | | | |
| **Religion** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Date of birth (dd/mm/yy)** | | | | | | | | |  | | | | | **Age** | | | | | |  | | |
| **Landlord Details** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnic Group (please tick/mark one box from the selection below)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asian or British Asian** | | **Indian** | | | | | |  | | | | | | | | | | | | **Pakistani** | | | | | | |  | | | | | | **Bangladeshi** | | | | | | | |  | | | | | | **Other Asian Background** | | | | | | |  | | |
| **Black or Black British** | | **Caribbean** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **African** | | | | | | | |  | | | | | | **Other Black Background** | | | | | | |  | | |
| **Mixed** | | **White/Black Caribbean** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **White/Black African** | | | | | | | | | | | | | |  | | | | | | | | | |
| **White/Asian** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Other Duel Heritage background** | | | | | | | | | | | | | |  | | | | | | | | | |
| **White** | | **British** | | | | | |  | | | | | | | | | | | | **Irish** | | | | | | |  | | | | | | **Other White Background** | | | | | | | | | | | | | |  | | | | | | | | | |
| **Other** | | **Chinese** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Prefer not to say** | | | | | | | | | | | | | |  | | | | | | | | | |
| **Any other (please state)** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mark if applicable** | | **Gypsy** | | | | | | |  | | | | | | | | | | **Irish Heritage Traveller** | | | | | | |  | | | | | | | **Refugee** | | | | | | |  | | | | | | | **Asylum Seeker** | | | | | |  | | | |
| **Household Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Date of Birth** | | | | | | | | | **Relationship to victim** | | | | | | | | **Gender Details** | | | | | | | | | **Disability Details** | | | | | | | | | **Religion Details** | | | | | | **Sexuality Details** | | | | | | **Ethnicity / Nationality** | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |
| **Incident Details (On or between – times & dates)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Time** | | |  | | | | | | | | | **Date** | | | | | | |  | | | | | | **AND** | | | | | | | | | | | **Time** | | | | | | | |  | | | | **Date** | | | | | |  | | | |
| **Location** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Area, neighbourhood, ward etc** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Place, premises etc** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Street, road etc** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Town, city etc** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **Postcode** | | | | | | | | | |  | | | | | | | |
| **Type of Incident (please tick/mark one box from the selection below)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Arson** |  | | | **Damage to property** | | | | | | |  | | | | | **Graffiti** | | | | | |  | **Harassment** | | | | | | | |  | | | **Offensive Literature** | | | | |  | | | | | | **Offensive Pictures** | | | | |  | **Offensive Phone Calls** | | | | |  | |
| **Offensive Texts** |  | | | **Offensive Email** | | | | | | |  | | | | | **Physical Attack** | | | | | |  | **Social Network Abuse** | | | | | | | |  | | | **Threats** | | | | |  | | | | | | **Verbal Abuse** | | | | |  | **Other** | | | | |  | |
| **If other, please specify** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of incident:**  **What happened?**  **Who was involved?**  **Who was affected?**  **How were they affected? Include reason it is considered a Hate Incident** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate perceived motivation for incident (please tick/mark one box from the selection below)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disability** |  | | | | | | **Gender** | | | | | | |  | | | | | | | | **Race** | |  | | | | | | | **Religion / Belief** | | | | | |  | | | **Sexual Orientation** | | | | | |  | | | | **Gender Identity** | | | | | | |  |
| **Other (please specify)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Repeat Victim? (please specify)** | | | | | | | | | | | | | | **YES** | | |  | | | | | **NO** | |  | | | | | | | **Repeat Hate Crime JAG Case?** | | | | | | | | | **YES** | | | | |  | | | | | **NO** | | | |  | | | |
| **If yes, please provide details of previous incident(s)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Was the incident reported to the police? (please specify)** | | | | | | | | | | | | | | **YES** | | | | | | | |  | | | | | | | | | | | | | | | **NO** | | |  | | | | | | | | | | | | | | | | | |
| **If yes, please provide a crime reference number** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Log number** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Partnership working to effectively tackle hate crime** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there any agencies involved in your complaint?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | |  | | | | | | **NO** | | | | | | |  | | |
| **If YES, who? (please tick/mark box if you give consent for your personal details to be shared with the following agencies, if necessary)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Youth Offending Team** | | | | | | **YES** | | | |  | | | | | **NO** | | |  | | | **Victim Support Services** | | | | | | | | | **YES** | | | | |  | | | **NO** |  | | | | | **Citizens Advice Bureau** | | | | | | **YES** | | | |  | | **NO** |  |
| **Refugee & Support Agency** | | | | | | **YES** | | | |  | | | | | **NO** | | |  | | | **Doctor / Medical Services** | | | | | | | | | **YES** | | | | |  | | | **NO** |  | | | | | **Social Services** | | | | | | **YES** | | | |  | | **NO** |  |
| **Crown Prosecution Service** | | | | | | **YES** | | | |  | | | | | **NO** | | |  | | | **Merseyside Police** | | | | | | | | | **YES** | | | | |  | | | **NO** |  | | | | | **Education Department / School** | | | | | | **YES** | | | |  | | **NO** |  |
| **Neighbourhood Wardens** | | | | | | **YES** | | | |  | | | | | **NO** | | |  | | | **Merseyside Probation Service** | | | | | | | | | **YES** | | | | |  | | | **NO** |  | | | | | **Merseyside Fire & Rescue** | | | | | | **YES** | | | |  | | **NO** |  |
| **Landlord** | | | | | | **YES** | | | |  | | | | | **NO** | | |  | | | **Other support agency** | | | | | | | | | **YES** | | | | |  | | | **NO** |  | | | | | **If YES, please specify** | | | | | |  | | | | | | | |
| **Who is your Registered Housing Provider? (Landlord) (please specify)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Would you like to be contacted by the police Hate Crime**  **Co-ordinator?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | |  | | | | | | | | | **NO** | | | | | | |  | |
| **Would you like to be contacted by the Hate Crime Support Service at the Anthony Walker Foundation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | |  | | | | | | | | | **NO** | | | | | | |  | |
| **Do you consent to sharing your information with the Hate Crime JAG?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | |  | | | | | | | | | **NO** | | | | | | |  | |
| **Has there previously been a referral to the Hate Crime JAG?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | |  | | | | | | | | | **YES** | | | | | | |  | |
| **If YES, when?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Case number (if known)** | | | | | | |  | |
| **Perpetrator(s) Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the identity of the perpetrator known?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | |  | | | | | | | | | **NO** | | | | | | |  | |
| **If YES, please provide names and addresses** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **If NO, could you provide a description? (Age, sex, height, ethnicity, build, clothing, distinguishing marks, tattoos etc)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Was a vehicle used? Please describe the vehicle e.g. colour, make, model, registration number** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Does the victim agree to any perpetrator being approached by any agencies?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | |  | | | | | | | | | **NO** | | | | | | |  | |
| **If YES, which agencies?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Case number (if known)** | | | | | | |  | |
| **Witness Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there any witnesses to the incident?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | |  | | | | | | | | | **NO** | | | | | | |  | |
| **If YES, please provide names and addresses** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Does the victim agree to any witnesses being approached by agencies?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | |  | | | | | | | | | **NO** | | | | | | |  | |
| **If YES, which agencies?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |

**Hate Crime risk assessment checklist**

**The following assessment questions should be completed with the victim or the victim’s nominee and represent the perception of the victim. Information supporting answers to the questions can be recorded in the narratives provided in relation to the latest and previous incidents which are included in the ‘Incident Details’ section of this form.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions**  **In answering any question with a ‘Yes’, if there is significant cause for concern, please provide additional information in the spaces indicated below.** | | **Yes**  ***[Enter Y or tick/ cross]*** | **No/Don’t Know**  ***[Enter N or DK]*** | **If question answered with a ‘Yes’, please provide additional information here.** |
| 1. Has the latest incident involved physical assault? | |  |  |  |
| 1. Has the latest incident resulted in damage to the victim’s property? This includes residence, shop premises, vehicle etc. | |  |  |  |
| 1. Is the victim a repeat victim? | |  |  |  |
| 1. Has the latest incident caused distress or alarm to the victim? | |  |  |  |
| 1. Is the victim afraid or fearful of further incidents? | |  |  |  |
| 1. Does the victim believe that they are being harassed? | |  |  |  |
| 1. Are the incidents escalating in terms of severity and/or frequency? | |  |  |  |
| 1. Did the latest incident include threats of violence? | |  |  |  |
| 1. Does the victim stand out in their community due to their actual (including poor English skills) or perceived diversity strand? | |  |  |  |
| 1. Is the victim isolated from their immediate of extended family? | |  |  |  |
| 1. Does the victim have a lack of support in the community? | |  |  |  |
| 1. Does the victim believe weapons/drugs and/or alcohol were a factor in the latest incident? | |  |  |  |
| 1. Have the victim’s children been targeted, is the victim afraid that their children might be targeted, or is the victim a child? | |  |  |  |
| 1. Did the victim’s children witness the latest and/or previous incident? | |  |  |  |
| 1. Are there any Safeguarding issues in relation to the victim or anyone living in the victim’s household – Adults or children? | |  |  |  |
| **Referring Agency’s perception: (please complete this section with your observations about the victim’s risk especially where there are lower numbers of ‘Yes’ responses)** | | | | |
|  | | | | |
| **What expectation does the victim have of the hate crime JAG, and what actions do they wish to see happen?** | | | | | |
|  | | | | | |
| **Signed/Agreed (Client)** |  | | | | |
| **Signed/Agreed (Agency)** |  | | | | |
| **Date of completion** |  | | | | |

**Guidance on classifying risk levels**

|  |  |
| --- | --- |
| **Level of Risk** | **Guidance on Interviews (This is not an exhaustive list)** |
| **High Risk =**   * **6-15 ticks/marks in the ‘Yes’ box OR** * **3 significant concerns (Q1 – Q15) OR** * **3 police call-outs in past month** | * **Referral to Hate Crime JAG** * **Referral to The Anthony Walker Foundation** * **Multi-agency work, information sharing and action planning** * **Target hardening – Security measures, PIR lights, cameras etc** * **Police intervention – Investigate, arrest, where possible** * **Legal – Criminal proceedings, Injunctions, ASBOs, Harassment Orders, Tenancy Enforcement** * **Safeguarding interventions – Adults and children** * **Involve specialist services and agencies – E.g. Armistead, Daisy UK, Drug and alcohol services, Mental Health services** |
| **Standard Risk =**   * **0 to 5 ticks/marks in the yes box OR** * **No significant concerns (Q1 – Q15) OR** * **1 police call-out in past month** | * **Referral to The Anthony Walker Foundation** * **Multi-agency work, information shared and action planning** * **Support – Safety planning** * **Involve specialist support services** * **Target hardening and re-assurance measures if appropriate** |

**Health Warning**

**The levels of risk are useful in clarifying the different response that a service will offer to a client depending on the severity of their situation.**

**Agencies must be aware that this is a risk indicator checklist and not a full risk assessment. It is a practical tool that can help you to identify which of your clients should be referred to other services, where you should be prioritising the use of your resources.**

**Risk is dynamic and agencies need to be alert to the fact that risk can change very suddenly.**

**Referral Agency Actions Completed**

|  |  |  |
| --- | --- | --- |
| **ACTIONS** | **Yes / No** | **Date/s** |
| **Minimum Standards explained and copy provided to complainant / witness** |  |  |
| **Support Pack issued** |  |  |
| **Incident Diary provided** |  |  |
| **Guidance on Completion of diary provided** |  |  |
| **Referral to The Anthony Walker Foundation completed** |  |  |
| **Referral to Hate Crime JAG** |  |  |

|  |
| --- |
| **Other Information:** |
|  |

**Please return completed form to** [**CohesionTeam@liverpool.gcsx.gov.uk**](mailto:CohesionTeam@liverpool.gcsx.gov.uk) **for the attention of Sam Chester, Risk Assessment Coordinator, Telephone: 0151 233 7010.**