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 as far as they are known to you. 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.

**Privacy notice:**

If you provide your contact details, the reporting information provided on this form may be used to support the university to take further action. The equalities monitoring 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.

The legal basis for collecting this data is consent. Your data will be retained for two years and will then be securely destroyed. The personal data you submit will be processed by the University of the West of England, Bristol (the data controller) in accordance with the General Data Protection Regulation (GDPR). Your data will not be shared outside of UWE unless you explicitly indicate your consent.

Once given, you can apply to withdraw your consent at any time by contacting [edi@uwe.ac.uk](mailto:edi@uwe.ac.uk). You have a number of rights in relation to your personal data. Please see our GDPR Data Subject Rights policy to find out more about these rights and how to exercise them.

I consent to the processing of my personal information for the purposes described in the above:

|  |  |
| --- | --- |
| Yes I give my consent |  |
| No I do not give my consent |  |

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

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|  |

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

**Name of victim:**

|  |
| --- |
|  |

**Telephone:**

|  |
| --- |
|  |

**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:**

|  |
| --- |
|  |

**Email:**

|  |
| --- |
|  |

**Address:**

|  |
| --- |
|  |

**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 |  |
| Prefer not to say |  |

**What is your nationality?**

|  |  |
| --- | --- |
| What is your nationality (please state) |  |
| Prefer not to 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 to 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 to 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 |  |
| 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 |  |

**For Office Use only**

Signposting:

Individual signposted to:

|  |
| --- |
|  |

Information given to individual:

|  |
| --- |
|  |

Date signposted:

|  |
| --- |
|  |