

**SUPPLEMENTAL HATE CRIME REPORT**

Hate incident (No Crime Committed)

Hate Crime (422.6 PC, 51.7 CC, 52.1 CC)

<b>VICTIM</b>				
<b>VICTIM TYPE</b>			Date and time of incident: _____	
<input type="checkbox"/> <b>Individual</b> Legal name (Last, First): _____			Location of incident: _____	
Date of Birth	Age	Sex	Date and time of report: _____	
			Location of report: _____	
<input type="checkbox"/> <b>School, business or organization</b> Name: _____ Type: _____ <i>(e.g., non-profit, private, public school)</i>			Agency Case #: _____	
<input type="checkbox"/> <b>Faith-based organization</b> Name: _____ Faith: _____			<b>NATURE OF CALL FOR SERVICE (check all that apply)</b>  <input type="checkbox"/> Crime against persons  <input type="checkbox"/> Crime against property  <input type="checkbox"/> Gang activity  <input type="checkbox"/> Other _____	
<input type="checkbox"/> <b>Other</b> Name: _____ Type: _____ Address: _____				

<b>BIAS</b>	
<p style="text-align: center;"><b>TYPE OF BIAS</b> <i>(Check all characteristics that apply)</i></p> <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Gender identity/expression <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Nationality <input type="checkbox"/> Religion <input type="checkbox"/> Significant day of offense <i>(e.g., 9/11, holy days)</i> <input type="checkbox"/> Association with a person or group with one or more of these characteristics (actual or perceived) <input type="checkbox"/> Other: _____	<p style="text-align: center;"><b>ACTUAL OR PERCEIVED BIAS – VICTIM’S STATEMENT</b></p> <input type="checkbox"/> Actual bias [Victim has the indicated characteristic(s)]. <input type="checkbox"/> Perceived bias [Suspect believed victim had the indicated characteristic(s)].
	<p style="text-align: center;"><b>REASON FOR BIAS:</b></p> Do you feel you were targeted based on one of these characteristics? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you know what motivated the suspect to commit this crime? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you feel you were targeted because you associated yourself with an individual or a group? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are there indicators the suspect is affiliated with a Hate Group (i.e., literature/tattoos)? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are there Indicators the suspect is affiliated with a criminal street gang? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p style="text-align: center;"><b>BIAS INDICATORS (CHECK ALL THAT APPLY):</b></p> <input type="checkbox"/> Hate speech <input type="checkbox"/> Acts/gestures <input type="checkbox"/> Property damage <input type="checkbox"/> Symbol used <input type="checkbox"/> Written/electronic communication <input type="checkbox"/> Graffiti/spray paint <input type="checkbox"/> Other: _____	

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## HISTORY

SUSPECT INFORMATION				RELATIONSHIP BETWEEN SUSPECT & VICTIM	
Legal name (Last, First): _____				Suspect known to victim: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Names used (AKA): _____				Nature of relationship: _____	
Date of Birth	Age	Sex	Race	Length of relationship: _____	
				<input type="checkbox"/> Prior reported incidents with suspect: <i>Total #</i> _____	
Relationship to Victim: _____				Prior unreported incidents with suspect: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

## WEAPONS/FORCE

Weapon(s) used during incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type: _____
Force used during incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type: _____

## EVIDENCE

Witnesses present during incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Statements taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Evidence collected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recordings:	<input type="checkbox"/> Video	<input type="checkbox"/> Audio	<input type="checkbox"/> Booked
Photos taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Suspect identified:	<input type="checkbox"/> Field ID	<input type="checkbox"/> By photo/video	<input type="checkbox"/> Known

## RESOURCES

Resources offered at scene:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Marsy's Law Handout	<input type="checkbox"/> Hate Crimes Brochure	<input type="checkbox"/> Other: _____

## MEDICAL

Victim	Suspect	
<input type="checkbox"/>	<input type="checkbox"/>	Declined medical treatment
<input type="checkbox"/>	<input type="checkbox"/>	Will seek own medical treatment
<input type="checkbox"/>	<input type="checkbox"/>	Received medical treatment
<input type="checkbox"/>	<input type="checkbox"/>	Injuries observed

Completed by	Date
_____	_____
Name/Title/ID number	
_____	