

Racist Incident Recording Form

Name of the Person recording the Incident:

Name of the Agency:

Date: dd/mm/yyyy _____

Internal Reference Number: RI – / - (E.g.: RI 01/13- Deo)

1. About the person(s) who experienced / witnessed the racist incident

	Person who experienced racism	Person who witnessed racism	Third party reporting
Name (optional)			
Address (optional)			
Telephone (optional)			
Email Address (optional)			
Country of origin and/or ethnicity			
Religion (optional)			
Length of Residence In Ireland			
Gender			
Nationality			

2. What relationship do you have with the person who experienced the incident (s)

A person who experienced the incident / victim

Someone else:

Relative

Friend

Colleague

Witness

Other(specify)

3. When did this incident occur?

Date:

Time:

4. Describe the motivation behind this incident?

5. Over the last 12 months, is this the first time you have been a victim of an incident motivated by your perceived ethnic group, culture, nationality, skin colour, religion/political belief, etc..)

(If you are not the victim, please respond on behalf of the victim to the best of your knowledge)

- Yes it is the first time No it is not the first time don't know

If it is not the first time, how many other incidents were there?

- 1-2 3-5 6-10 More than 10 Don't know

Location of the Incident

6. Which of the following categories best describe the location of the incident?

(Tick as many boxes that may apply)

Place of Residence

- Own home Hostel Accommodation centre Visiting other residence Other(please specify)

Place of Work

- Own business Office Factory Building site Other(specify)

Place of Education

- Primary school Secondary school College/university Training centre Other(specify)

Place of Entertainment

- Bar/club Cinema Concert Restaurant Sporting event
 Other (specify)

Public Place or Amenity

- Street Car park Public toilet Taxi Beach/forest walk
 Public transport Place of worship Shop/shopping centre Hospital/health centre Government department/office
 Other (specify)

7. Address where the incident took place?

If you do not know the address, please give as much geographic information as possible to help identify the location; for example, a well-known or landmark building:

NATURE OF THE INCIDENT

8. Was the incident directed against:

- A person(s) Property Both Other (specify)

9. Type of Incident

- | | | | | |
|--|---|-----------------------------------|--|--|
| <input type="checkbox"/> Verbal abuse | <input type="checkbox"/> Threat | <input type="checkbox"/> Arson | <input type="checkbox"/> Damage to property | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Discrimination in workplace | <input type="checkbox"/> Offensive email, FBook | <input type="checkbox"/> Graffiti | <input type="checkbox"/> Discrimination in service provision | <input type="checkbox"/> Other (specify) |

10. What happened? (Brief description)

Details of the Victim(s)

11. Was the target or victim(s) of this incident?

- | | | | | |
|--|-----------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Single individual | <input type="checkbox"/> A couple | <input type="checkbox"/> A family | <input type="checkbox"/> A group (how many?) | <input type="checkbox"/> Other(specify) |
|--|-----------------------------------|-----------------------------------|--|---|

12. Were children (aged 0-17) a victim/witness of this incident?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

Questions 12-16 ask personal details about the victim. If there were two or more victims, only provide details of the main victim or the person that best represents the group of victims.

13. Age

- | | | | | |
|--------------------------------|-----------------------------------|--------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Teenager | <input type="checkbox"/> Young adult | <input type="checkbox"/> Adult | <input type="checkbox"/> Senior citizen |
|--------------------------------|-----------------------------------|--------------------------------------|--------------------------------|---|

14. Gender

- | | | |
|-------------------------------|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other (specify) |
|-------------------------------|---------------------------------|--|

15. Ethnic Group and Nationality (self-defined)

(a) What is the victim's ethnicity?

- | | | | | |
|--------------------------------|--------------------------------|------------------------------------|--------------------------------|---|
| <input type="checkbox"/> white | <input type="checkbox"/> black | <input type="checkbox"/> Traveller | <input type="checkbox"/> Asian | <input type="checkbox"/> Other(specify) |
|--------------------------------|--------------------------------|------------------------------------|--------------------------------|---|

(b) What is the victim's nationality?

- | | |
|---|--|
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> No White Irish | |
| <input type="checkbox"/> Irish Born | |

16. Religion/Belief of the victim (optional)

- | | | | | |
|-----------------------------------|-------------------------------------|---------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Protestant | <input type="checkbox"/> Baha'i | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Jehovah's | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | <input type="checkbox"/> Other |

- No religion Other

witness

Christian

17. Disability - do you consider the victim to have a disability? (Tick as many boxes that may apply)

- Yes No

If yes, please tick the category or categories that apply:

- Hearing impairment Visual impairment Speech impairment Mobility impairment Physical co-ordination difficulties
- Reduced physical capacity Severe disfigurement Learning difficulties Mental health issues Other (specify)

Details of the Perpetrator(s)

18. Did the victim(s) know the perpetrator(s)?

- Yes No Don't know

If yes, what is that relationship?

- Acquaintance/customer Friend / neighbour Spouse / partner Student colleague Relative
- Teacher Work colleague Other (specify)

19. Number of perpetrators involved in this incident

- 1 2 3-5 6-10 More than 10 Don't know

20. Age. estimate how old were they? (Tick as many boxes that may apply)

- Children Teenagers Young adults Adults Senior citizen

21. Gender of the perpetrator(s)

- Male(s) Female(s) Male(s) and female(s) Don't know

Other details

22. How did you become aware of Racist Incident Referral and Support Service?

- Information leaflet Community statutory or voluntary organisation Poster / advertisement
-

23. Action taken to support the victim

- Referral to: _____
- Accompanied to: _____
- No Referral needed
- Other (please specify)

24. Please indicate briefly action taken to support the victim(s):

Thank you for contributing to breaking silence and promoting racism zero tolerance culture in Co. Sligo.