

Can you make a description of the main offender? (if more than one please use separate sheet)

Age Height Build
Race Hair colour/type
Distinguishing marks or features
..... Gender: Male Female
Clothing

Do you know any places they frequent?

Did they have a vehicle? Yes No

Make Model
Registration Number

Why do you believe the incident was homophobic or transphobic?

.....
.....
.....

Completing the section below is optional, but the more information you provide, the more we can help.

Suffolk MESMAC will record the above incident and will pass information to the police, if you indicate your consent below.
All information will be treated in strict confidence.

Full name
Postal address

Contact telephone number: Daytime
Evening Mobile
Email

Date of Birth Place of Birth
Ethnic Origin Gender

How do you define your sexual orientation?
(eg lesbian, bisexual, gay etc)
.....

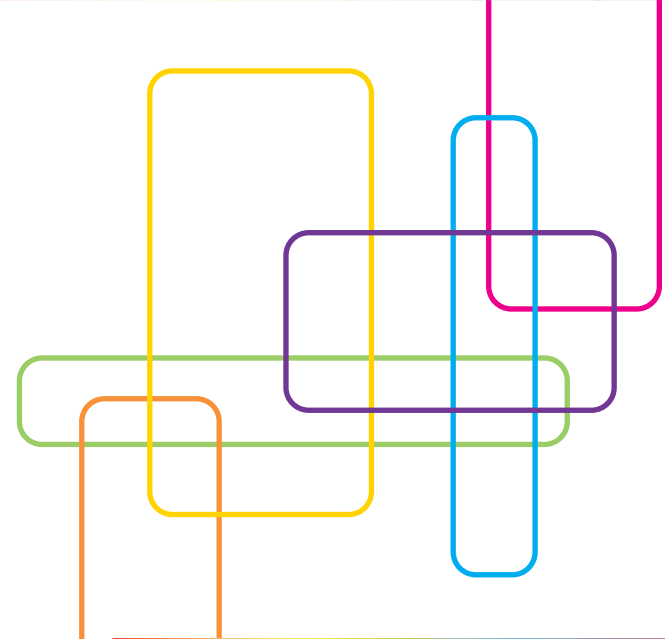
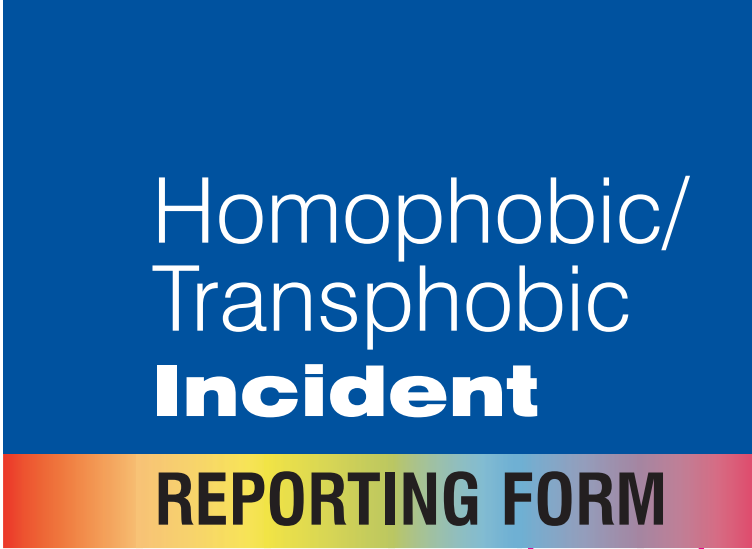
Occupation

I give consent for this information to be passed to Suffolk Constabulary
Please tick and provide your signature

Please note: if you do not do this, the information will not be passed to the police. **Therefore, the incident will not be investigated by them.**

Please complete and post the Form to:

**Suffolk MESMAC
FREEPOST NAT15353,
Ipswich
IP8 3ZZ**



Lesbian Gay Bisexual Transgender
POLICE LINK GROUP

REPORTING OF HOMOPHOBIC/TRANSPHOBIC INCIDENTS

Suffolk Constabulary

Tel: **01473 613500**

In an emergency, always dial 999

Suffolk MESMAC

Tel: **01473 687701**

The terms 'homophobic' and 'transphobic' relate to actions motivated by prejudice against lesbian, gay, bisexual or transgendered people.

A Homophobic/Transphobic Incident is any incident which is perceived to be homophobic or transphobic by the victim or any other person.

Homophobic and transphobic incidents should be reported to the police, who will offer support and investigate the incident.

If you believe a police officer should attend straight away, **dial 999**. In other cases, phone 01473 613500 and state that you wish to report a homophobic or transphobic incident.

Alternatively, you may report an incident to Suffolk MESMAC on the number provided above, or by completing this form and posting it in the envelope provided.

Everyone is entitled to an equal service regardless of their sexuality. If you or anyone else has been subject to a homophobic/ transphobic incident, you have the right to be protected regardless of your sexuality, where you were at the time of the offence, or who you were with.

The police are keen to prevent and catch offenders who commit such crimes. Using this form to report homophobic/transphobic incidents will provide valuable information that will help the police to build up a picture of offences, target locations and catch offenders. It will also help us to monitor levels of homophobic/transphobic crime within the community.

We will take all information seriously, no matter how trivial you think it might be.

You do not need to provide personal details, such as your name and address, on this form if you do not wish to. If you decide to provide us with personal details, then these will be treated with the strictest of confidence. We will not share personal information with anyone else without your consent.

After you have completed the form please post it to the address given.

However, if you have been hurt or injured, please telephone 999 and ask for an ambulance and the police.

HELP AND ADVICE

Oasis (Out and Strong in Suffolk)

Support and social group for young gay men and lesbians.

Mobile: **07786635099**

Freephone: **0808 8082322**

Email: **info@oasis-lgb.org.uk**

Web: **www.oasis-lgb.org.uk**

Suffolk Gay and Lesbian Helpline

Freephone: **0808 8082322**

Email: **support@suffolkgayandlesbianhelpline.co.uk**

Web: **www.suffolkgayandlesbianhelpline.co.uk**

Suffolk MESMAC

Health Project for men who have sex with men.

Tel: **01473 687701**

Email: **rodsuffolkmesmac@btconnect.com**

Suffolk MESMAC

FREEPOST NAT15353, Ipswich IP8 3ZZ

Suffolk TG People

Tel: **07952 773380**

Email: **suffolktgpeople@hotmail.com**

Victim Supportline

Tel: **0845 30 30 900**

Are you a victim or witness of a homophobic/transphobic incident?

Victim Witness

Tell us about the incident in your own words. Please give as much detail as possible.

(Please use separate sheet if necessary)

Were you (or the victim) hurt or injured?

Yes No

Please give details *(Please use separate sheet if necessary)*

Did any loss or damage to property result from the incident?

Yes No Approx value £

If yes, please give details

When did the incident take place?

Time Day Date

Where exactly did the incident happen?

(Please use separate sheet if necessary)

Were there any witnesses to the incident? Yes

If possible give their name(s) and address(es) No

(Please use separate sheet if necessary)

How many offenders were there?

Do you know them? Yes No

Can you name them? Yes No

Names

(continued overleaf)

