

STATE OF CONNECTICUT

HATE / BIAS CRIME REPORT

GENERAL INCIDENT INFORMATION

Name of Department

Case / Incident Number

Date of Report

Date of Incident

Time of Incident

Incident Street Address

Incident City

Incident State

Incident Zip / Postal Code

TYPE OF INCIDENT (CHECK ALL THAT APPLY)

Hate Crime [?]

Bias Incident [?]

Crime with Bias Elements [?]

TYPE OF BIAS (CHECK ALL THAT APPLY)

Disability [?]

Sex [?]

Sexual Orientation [?]

Gender Identity [?]

Race [?]

Ethnicity [?]

Religion [?]

Gender Expression [?]

BIAS INDICATORS (CHECK ALL THAT APPLY)

Hate Speech

Acts/Gestures

Property Damage

Symbol Used

Mask/Hood

Day of Significance

Graffiti / Spray Paint

Written / Electronic Communication

Noose

Other

TARGET OF INCIDENT

Name of Target or Target Organization?

Target Type

Individual

Business

Non-profit organization

School

Faith-based organization

Other

Target Demographics

Race

Ethnicity

Gender

Age

If relevant to the facts of the incident and voluntarily disclosed

Religion

Sexual Orientation

Disability

SUSPECT INFORMATION

Zip Code of Home Residence

Race

Ethnicity

Gender

Year of Birth

Was the suspect subject to a custodial arrest?

Yes

No

Did they have weapons on them?

Yes

No

If yes, what type?

RELATIONSHIP BETWEEN SUSPECT AND TARGET

Was the suspect known to the target?

Yes

No

Nature of Relationship

Length of Relationship

Check all that apply:

Active Restraining Order

Standing Protective Order

Protective Order

EXTENT OF INJURY / DAMAGE

Personal Injury

- Complaint of Pain
- Contusion / Bruise
- Fracture / Dislocation
- Chest Pain
- Abrasion / Laceration
- Blunt Trauma / Concussion
- Death
- Other

Were you checked by medical?

- Yes
- Refusal
- N/A

Were you transported to the hospital?

- Yes
- Name of Hospital:

Property Damage

- Yes
- No

Estimated loss in U.S. dollars:

Description of Property Damage:

VIDEO SEIZED AS EVIDENCE?

- Yes
- No

If yes, what type of video?

OFFICER INFORMATION

Officer First Name

Officer Last Name

Officer Badge Number

Supervisor First Name

Supervisor Last Name

Supervisor Badge Number