

# STATE OF CONNECTICUT

## HATE / BIAS CRIME REPORT

Version 3  
July 22, 2025

### 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<sup>?</sup>

☐

Bias Incident<sup>?</sup>

☐

Crime with Bias Elements<sup>?</sup>

### TYPE OF BIAS (CHECK ALL THAT APPLY)

☐

Disability<sup>?</sup>

☐

Sex<sup>?</sup>

☐

Sexual Orientation<sup>?</sup>

☐

Gender Identity<sup>?</sup>

☐

Race<sup>?</sup>

☐

Ethnicity<sup>?</sup>

☐

Religion<sup>?</sup>

☐

Gender Expression<sup>?</sup>

### 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

☐

Abrasion / Laceration

☐

Death

☐

Contusion / Bruise

☐

Chest Pain

☐

Other

☐

Fracture / Dislocation

☐

Blunt Trauma / Concussion

### Were you checked by medical?

☐

Yes

☐

Refusal

☐

N/A

### Were you transported to the hospital?

☐

Yes

Name of Hospital:

### Property Damage?

☐

Yes

☐

No

### Description of Property Damage:

Estimated loss in USD\$:

## VIDEO SEIZED AS EVIDENCE?

☐

Yes

☐

No

### If yes, what type of video?

## INCIDENT SUMMARY

## OFFICER INFORMATION

Officer First Name

Officer Last Name

Officer Badge Number

Supervisor First Name

Supervisor Last Name

Supervisor Badge Number

### General Statutes § 29-7d(c)

All agencies investigating an incident that meets applicable reporting requirements must within 14 days submit this form along with a copy of the incident report to the Hate Crimes Investigative Unit-CSP through email [hate.crimes@ct.gov](mailto:hate.crimes@ct.gov). Before submission, the reporting agency shall redact any information that may identify a minor, victim or witness.