

Racist Incident Confidential Reporting Form

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Racism:
see it
send it
end it.

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Thanks for filling out this confidential form. This will help us to understand the problem of racism and help us to argue for better measures to be taken against it. We will not share this information with anyone without your permission, unless compelled by law to do so.

Has the person this happened to said that you can report this incident? Yes No

What kind of incident happened? (Please tick all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Shouting / strong language | <input type="checkbox"/> Spitting | <input type="checkbox"/> In the media |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Sexual harassment | <input type="checkbox"/> On the internet or on social media |
| <input type="checkbox"/> Offensive "joke" | <input type="checkbox"/> Refused to let someone in and/ or refused service | <input type="checkbox"/> By phone or text |
| <input type="checkbox"/> Offensive graffiti | <input type="checkbox"/> Being treated unfairly or differently in public | <input type="checkbox"/> Finding work |
| <input type="checkbox"/> They damaged something | <input type="checkbox"/> Being treated unfairly or when looking for service | <input type="checkbox"/> Unfair workplace conditions |
| <input type="checkbox"/> Threats | <input type="checkbox"/> Ignored, isolated or excluded | <input type="checkbox"/> Finding somewhere to live |
| <input type="checkbox"/> Physical assault | | <input type="checkbox"/> Other |
| <input type="checkbox"/> They targeted someone's headscarf or veil | | |

If other, please specify:

Who did this happen to? You You saw it happen You heard about it happening

If it didn't happen to you, what is your relationship to the person it happened to?

(E.g. relative, friend, neighbour, employer, witness, no relation)

About the Incident:

When did it happen? Date: _____ Time: _____

Where did it happen (County, city or more specific location): _____

Was it an institution or a person(s)? _____

About the person(s) who did it:

How many people: _____

Male, Female, mixed group: _____

Ages: _____

As far as you know, were the people who did this were:

- | | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Other White | <input type="checkbox"/> Black | <input type="checkbox"/> Asian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Traveller | <input type="checkbox"/> Roma | <input type="checkbox"/> I don't know | <input type="checkbox"/> Other group | |

If other, please specify:

What happened (please give as much detail as possible continue on separate sheet if necessary):

How did you feel?

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Did anybody help? Yes No

Why would you or the person it happened to say the incident was racist?

- Racist language was used Language about the person's religion was used
 There did not appear to be any other possible motive It was about something else, but racism came into it

Or briefly, in your own words:

About the person or people this happened to:

How many people did this happen to? _____

What age(s) are the people this happened to: _____

Is or are the people this happened to (Please tick all that apply):

- Male Female Transgender With a disability Lesbian, Gay or Bisexual

Do you or the person(s) this happened to think that any of the above was a factor? _____

If yes, can you briefly explain why?

How would you, or the person(s) this happened to describe their background (Please tick all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Any other White Background |
| <input type="checkbox"/> Black– African background | <input type="checkbox"/> Black, any other Black background | <input type="checkbox"/> EU National |
| <input type="checkbox"/> Asian – Chinese background | <input type="checkbox"/> Asian, any other Asian background | <input type="checkbox"/> Non-EU |
| <input type="checkbox"/> Roma | <input type="checkbox"/> Muslim | <input type="checkbox"/> Southern European |
| <input type="checkbox"/> Mixed background | <input type="checkbox"/> Immigrant | <input type="checkbox"/> Other |

If other, please specify here:

Action taken / Response:

Have the person reported the incident to An Garda Síochána (The Police) or any other state organisation or authority?

- Yes No

If yes, please specify if you are comfortable doing so:

What was their response?

If the incident was reported to An Garda Síochána (The Police), were you given a Crime Number?

(Providing this information is optional)

To help us to better understand the problem of racism, we may need to contact you, in complete confidence, for more details. May we do this? Yes No

If yes, please complete the contact details below. We will **NOT** pass these on to anyone:

Name:

Phone:

Email:

Organisation taking report (if applicable):

Date report taken: