



Incident of Discrimination Form

The College's full Discrimination Policy & Procedure is available from all Reception areas, the College website or by ringing our Helpline on 01204 48 2000.

Please complete this form to report incidents of discrimination relating to Bolton College. If you would like help completing this form, please ask a member of staff or contact our helpline on 01204 48 2000. If the incident you are reporting is **not related** to race, age, sexual orientation, disability, gender/gender identity or religion/belief please complete a College Incident Report Form instead.

Note to Staff: If you are helping some one to complete this form please refer to the Discrimination Policy & Procedure

Section 1: Your details

- **Your name:**
- **Your address:**
- **Your phone number(s):**
- **Your gender:** Male Female **Your age:**
- **Your spoken language:** **Your religion/belief:**
- **Your ethnic origin: Please tick the appropriate box**

White & Black Caribbean <input type="checkbox"/>	Other Asian <input type="checkbox"/>	British <input type="checkbox"/>
White & Black African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Irish <input type="checkbox"/>
White & Asian <input type="checkbox"/>	African <input type="checkbox"/>	Other White <input type="checkbox"/>
Other Mixed <input type="checkbox"/>	Other Black <input type="checkbox"/>	Other Ethnic Group – please state
Indian <input type="checkbox"/>	Chinese <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Middle East <input type="checkbox"/>	
Bangladeshi <input type="checkbox"/>	Traveller <input type="checkbox"/>	
- **Do you consider yourself to have a disability or learning difficulty?** Yes No Prefer not to say
- **Your sexual orientation: Please tick the appropriate box**

Same-sex attraction (homosexuality) <input type="checkbox"/>	Opposite-sex attraction (heterosexuality) <input type="checkbox"/>	Both-sex attraction (bisexuality) <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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- **Are you the victim?**
Yes please go to Section 3
No please describe your relationship to the victim (friend, parent, carer etc):
- **Has the victim given their consent for you to report this incident?** Yes No

Section 2: Victim's details (if different from Section 1). Please only give factual information known to you

- **Victim's name:**
- **Victim's address:**
- **Victim's phone number:**
- **Victim's gender:** Male Female Transgender **Victim' age:**
- **Victim's spoken language:** **Victim's religion/belief:**
- **Victim's ethnic origin: Please tick the appropriate box if known to you**

White & Black Caribbean <input type="checkbox"/>	Other Asian <input type="checkbox"/>	British <input type="checkbox"/>
White & Black African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Irish <input type="checkbox"/>
White & Asian <input type="checkbox"/>	African <input type="checkbox"/>	Other White <input type="checkbox"/>
Other Mixed <input type="checkbox"/>	Other Black <input type="checkbox"/>	Other Ethnic Group – please state
Indian <input type="checkbox"/>	Chinese <input type="checkbox"/>	
Pakistani <input type="checkbox"/>	Middle East <input type="checkbox"/>	
Bangladeshi <input type="checkbox"/>	Traveller <input type="checkbox"/>	
- **Does the victim have a disability or learning difficulty known to you?** Yes No
- **Victim's sexual orientation: Please tick the appropriate box if known**

Same-sex attraction (homosexuality) <input type="checkbox"/>	Opposite-sex attraction (heterosexuality) <input type="checkbox"/>	Both-sex attraction (bisexuality) <input type="checkbox"/>
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Section 3: The incident

Please tell us as much about the incident as you can

▪ **Type of incident:**

- | | | | | | |
|------------------|--------------------------|-----------------|--------------------------|----------------------------|--------------------------|
| Verbal Abuse | <input type="checkbox"/> | Criminal Damage | <input type="checkbox"/> | Written Material inc Cyber | <input type="checkbox"/> |
| Physical Assault | <input type="checkbox"/> | Threat | <input type="checkbox"/> | Graffiti | <input type="checkbox"/> |
| Telephone Call | <input type="checkbox"/> | Other Type | <input type="checkbox"/> | | |

▪ **Location of incident:**

- | | | | | | |
|------------------|--------------------------|-----------|--------------------------|------------------------------|--------------------------|
| College grounds | <input type="checkbox"/> | Classroom | <input type="checkbox"/> | Outside the College building | <input type="checkbox"/> |
| College building | <input type="checkbox"/> | Corridor | <input type="checkbox"/> | Other Location | <input type="checkbox"/> |

▪ **Date of incident:** **Time:**

▪ **What happened? Please provide as much detail as possible:**

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▪ **Has this happened to you before?** Yes No **Was that incident reported to anyone?** Yes No

Section 4: The Alleged Offender

Please give as many details as possible about the person or persons you think are responsible for the incident. Please only give factual information (information known to you)

▪ **Their name:** **Their age:**

▪ **Their address:**

▪ **Their gender:** Male Female Transgender **Hair colour:**

▪ **Their approximate height/weight/build:**

▪ **Their spoken language:** **Religion/belief:**

▪ **Any further details about the alleged offender:**

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▪ **Their ethnic origin: Please tick the appropriate box if known to you**

- | | | | | | |
|-------------------------|--------------------------|-------------|--------------------------|-----------------------------------|--------------------------|
| White & Black Caribbean | <input type="checkbox"/> | Other Asian | <input type="checkbox"/> | British | <input type="checkbox"/> |
| White & Black African | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| White & Asian | <input type="checkbox"/> | African | <input type="checkbox"/> | Other White | <input type="checkbox"/> |
| Other Mixed | <input type="checkbox"/> | Other Black | <input type="checkbox"/> | Other Ethnic Group – please state | |
| Indian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | | |
| Pakistani | <input type="checkbox"/> | Middle East | <input type="checkbox"/> | | |
| Bangladeshi | <input type="checkbox"/> | Traveller | <input type="checkbox"/> | | |

▪ **Does the alleged offender have a disability or learning difficulty known to you?** Yes No

▪ **Alleged offender’s sexual orientation: Please tick the appropriate box if known to you**

- | | | |
|---|---|---|
| Same-sex attraction
(homosexuality) <input type="checkbox"/> | Opposite-sex attraction
(heterosexuality) <input type="checkbox"/> | Both-sex attraction
(bisexuality) <input type="checkbox"/> |
|---|---|---|

Section 5: Declaration

Please read the text below carefully before signing and dating your completed form

I understand that:

- A copy of this form will be kept by the College and may be seen by members of staff unknown to me
- My personal details will be held in the College's monitoring database
- This incident will be included in College reports relating to discrimination although I will not be identified by name
- The College will contact the police if a crime has been committed or possibly committed in connection with this incident

Please delete the following statement if you do not agree with it:

I give my permission for the College to involve the police in any investigation should they consider it appropriate even if a crime has not been committed.

Your signature (if you have printed this form out):

Today's date:

You can send your completed form to us:

- **By email to** customer.services@boltoncc.ac.uk
- **By post or in person to** Customer Services Manager, Deane Road, Bolton BL3 5BG

Bolton College Equalities Statement

English is our principal language but we will endeavour to provide information relating to this form in other formats and languages. If customers require this type of support they should contact the Customer Services Manager on:

Telephone: 01204 48 2040

Address: Deane Road, Bolton BL3 5BG

E-mail: nicola.hood@boltoncc.ac.uk

What happens next?

Your report will be treated in confidence with dignity and respect when we:

Assign an Officer to investigate the incident

- In all circumstances, the person accused of discrimination will have the right to be heard and protected.
- We will always consider the rights of all those involved and will listen to all parties.
- In the case of crime or possible crime, we will report the incident to the police immediately. However, if the incident is considered to be serious but not criminal by the College, we will request permission from you before we involve the police (please refer to the declaration section of this form).
- The College may also refer to other policies and procedures such as the Bullying and Harassment Policy and Disciplinary Procedures.

Make sure that you are safe

- The College will offer support to you. This may include referral to one of our partner organisations with specialist knowledge.

Make sure others are safe

- The College will offer support to others as appropriate. This may include referral to one of our partner organisations with specialist knowledge.

Try to prevent the incident from happening again

- The College will produce an action plan to prevent the incident happening again. An action plan may include such elements as additional training, a change to processes, further consultation etc
- The College will remove any offensive graffiti from buildings belonging to us. If there is offensive graffiti on nearby buildings, we will tell the owner or Bolton Council Environmental Care immediately.

Take action against any persons found guilty of discrimination

- The College may withdraw services from the person or people who are responsible where we consider this appropriate.
- The College may also refer to other policies and procedures such as the Bullying and Harassment Policy and Disciplinary Policy

Inform you of our findings and actions

- The College will write to you to inform you of the outcome of the investigation and the actions that have or will be taken to prevent further similar incidents taking place

Further Information

More information on discrimination can be obtained from:

- The Fairness Team – members of the College Fairness Team can be contacted via 01204 48 2107
- The Equality & Human Rights Commission – www.equalityhumanrights.com or 0845 604 6610
- National Union of Students – www.nus.org.uk