

Racist Incident Reporting Form

Date: _____
Worker: _____
Organisation: _____

This Racist Incident Reporting Form was developed by the Centre for Multicultural Pastoral Care as part of the Confronting Racism in Communities Project.

The Confronting Racism in Communities Project aims to work with communities to document the nature and extent of racism in Queensland and provide communities with support, training and resources in order to combat racism.

This form is designed to be completed by people who have experienced racism (with the assistance of trained community workers) or by workers themselves when the people who have experienced racism are not available to tell their story.

All information will be kept in the strictest confidence and no identifying information will be forwarded to a third party without consent.

Completing this form will help us to understand the nature and extent of racism in Queensland. It will not mean that you have lodged a formal complaint. Complaints can be directed to some of the agencies listed on the final page of this form.

Thank you for sharing your experiences with us.

About the person who experienced racism

1. Name (optional) _____

2. Address (optional) _____

3. Telephone number (optional) _____

4. Email address (optional) _____

5. Country of origin and/or ethnic background _____

6. Length of time in Australia

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 0–12 months | <input type="checkbox"/> More than 10 years |
| <input type="checkbox"/> 1–5 years | <input type="checkbox"/> Born in Australia |
| <input type="checkbox"/> 6–10 years | <input type="checkbox"/> Unknown |

7. Gender

- Female Male

8. Age

- | | |
|--|--|
| <input type="checkbox"/> Younger than 10 years | <input type="checkbox"/> 40–49 years |
| <input type="checkbox"/> 10–19 years | <input type="checkbox"/> 50–59 years |
| <input type="checkbox"/> 20–29 years | <input type="checkbox"/> Older than 59 years |
| <input type="checkbox"/> 30–39 years | <input type="checkbox"/> Unknown |

9. Religion

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Buddhism |
| <input type="checkbox"/> Islam | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> None |
| <input type="checkbox"/> Sikhism | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other (please specify) _____ | |

10. Language spoken at home _____

11. Level of spoken English

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very Poor |
| <input type="checkbox"/> Fair | |

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12. Level of written English

- Very good Poor
 Good Very Poor
 Fair

13. Is the person who experienced racism the person completing this form?

- Yes No

If no, who is completing this form? (Please specify your name and/or relationship to the person who experienced racism)

About the racist incident(s)

14. Would you like to report a single incident or multiple incidents?

- Single incident Multiple incidents (go to question 16)

15. Date of racist incident (dd/mm/yyyy) _____ (go to question 17)

16. How frequent were the racist incidents?

_____ incidents per week/month/year for the past _____ weeks/months/years (please circle)

17. How would you describe the incident(s)?

- | | |
|---|--|
| <input type="checkbox"/> Physical violence | <input type="checkbox"/> Verbal harassment (eg. offensive joke or comment) |
| <input type="checkbox"/> Threat of physical violence | <input type="checkbox"/> Non-verbal harassment (eg. offensive look or gesture) |
| <input type="checkbox"/> Property damage | <input type="checkbox"/> Physical harassment (eg. unwelcome physical contact) |
| <input type="checkbox"/> Threat of property damage | <input type="checkbox"/> Written harassment (eg. offensive letter or email) |
| <input type="checkbox"/> Racist graffiti | <input type="checkbox"/> Display of offensive materials (eg. posters or t-shirts) |
| <input type="checkbox"/> Offensive media content | <input type="checkbox"/> Social exclusion (eg. someone ignored you or avoided you) |
| <input type="checkbox"/> Discrimination | |
| <input type="checkbox"/> Other (please specify) _____ | |

18. In which town/suburb and postcode did the incident(s) take place? _____

19. In which location(s) did the incident(s) take place?

- | | |
|---|--|
| <input type="checkbox"/> At home | <input type="checkbox"/> In a sportsground, picnic area or other place of leisure |
| <input type="checkbox"/> At work | <input type="checkbox"/> At a mosque, synagogue or other place of worship |
| <input type="checkbox"/> At school, technical college or university | <input type="checkbox"/> In a letter, phone-call, text-message, fax or email |
| <input type="checkbox"/> In a supermarket or shop | <input type="checkbox"/> In a newspaper, magazine or website or on television or radio |
| <input type="checkbox"/> In a café, restaurant, pub or nightclub | <input type="checkbox"/> While applying for a job or course |
| <input type="checkbox"/> On the street | <input type="checkbox"/> While applying for rental accommodation |
| <input type="checkbox"/> While travelling on public transport | <input type="checkbox"/> While accessing government/community services |
| <input type="checkbox"/> While travelling in a private vehicle | |
| <input type="checkbox"/> Other (please specify) _____ | |

20. Please provide a brief description of the racist incident(s). (You may attach additional pages) _____

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21. How has the incident(s) affected you/the person who experienced racism? (You may attach additional pages)

About the person(s) responsible for the racist incident(s)

22. Who was responsible for the racist incident(s)?

- An individual An institution (go to question 27)
 A group of people Unknown

23. Did you/the person who experienced racism know the person(s) responsible for the incident(s)?

- Yes Unknown
 No

If yes, how would you describe your relationship with them?

- Neighbours Work colleagues
 Classmates Other _____

24. How would you describe their ethnic background? _____

25. What was their gender?

- Male Both male and female
 Female Unknown

26. How old were they?

- Younger than 10 40–49 years
 10–19 years 50–59 years
 20–29 years Older than 59 years
 30–39 years Unknown

27. What do you think motivated them to commit this act? _____

28. Did anyone else witness the incident?

- Yes Unknown
 No

If yes, how did they react? _____

About reporting the racist incident(s)

29. Was the incident(s) reported to any other agency?

- Yes Unknown (go to question 35)
 No (go to question 34)

30. Who was the incident(s) reported to?

- Anti-Discrimination Commission Queensland Police
 Human Rights and Equal Opportunity Commission Teacher
 Health Rights Commission Queensland Employer
 Tenants' Union of Queensland
 Other (please specify) _____

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31. What was the outcome? _____

32. How satisfied are you/the person who experienced racism with this outcome?

- | | |
|---|---|
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Unsatisfied |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very unsatisfied |
| <input type="checkbox"/> Neutral | <input type="checkbox"/> Unknown |

33. Why are you satisfied/unsatisfied with this outcome? _____

(go to question 35)

34. Why wasn't the incident(s) reported? _____

35. Would you/the person who experienced racism like the Confronting Racism in Communities Project Officer to contact you to discuss available complaints mechanisms and support services?

- | |
|---|
| <input type="checkbox"/> Yes (please remember to provide your contact details on page 1 of this form) |
| <input type="checkbox"/> No <input type="checkbox"/> Unsure |

For workers only

36. Did you provide any information or support to the person who experienced racism?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, what kind of information or support did you provide? _____

Please return this form to:

Katherine Moriarty
Confronting Racism in Communities Project Officer
Centre for Multicultural Pastoral Care
PO Box 112
Paddington Qld 4064

Tel: 07 3876 3294 or 07 5459 4804
Mobile: 0437 180 724
Fax: 07 3369 3094
Email: confrontingracism@yahoo.com.au

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Some useful contacts

Amparo Advocacy Inc.

Tel: 07 3369 2500

Email: amparoadvoc@optusnet.com.au

Anti-Discrimination Commission Queensland

Tel: 1300 130 670

TTY: 1300 130 680

Web: www.adcq.qld.gov.au

Commonwealth Ombudsman

Tel: 07 3005 7000

Complaints: 1300 362 072

Web: www.comb.gov.au

Ethnic Communities Council of Queensland

Tel: (07) 3844 9166

Web: www.eccq.com.au

Health Rights Commission Queensland

Tel: 07 3234 0272

Toll Free: 1800 077 308 (Outside Brisbane)

Web: www.hrc.qld.gov.au

Human Rights and Equal Opportunity Commission

General Enquiries: 02 9284 9600

Complaints Infoline: 1300 656 419

Web: www.humanrights.gov.au

Legal Aid Queensland (Anti-Discrimination Unit)

Tel: 1300 65 11 88

Web: www.legalaid.qld.gov.au

Multicultural Development Association

Tel: 07 3394 9300

Email: mailbox@mdabne.org.au

Tenants' Union of Queensland

Tel: 07 3257 1108

Toll Free: 1800 177 761 (Outside Brisbane)

Web: www.tuq.org.au

Queensland Council of Unions

Tel: 07 3846 2468

Web: www.qcu.asn.au

Queensland Multicultural Resource Directory 2005-2006

Web: www.premiers.qld.gov.au/library/pdf/ResourceDirectory_05.pdf

Queensland Ombudsman

Tel: 07 3005 7000

Toll Free: 1800 068 908 (Outside Brisbane)

Web: www.ombudsman.qld.gov.au

Queensland Program of Assistance to Survivors of Torture and Trauma

Tel: 07 3391 6677

Web: www.qpastt.org.au

Welfare Rights Centre

Tel: 07 3421 2510

Toll Free: 1800 358 511 (Outside Brisbane)

Web: www.welfarerights.org.au