Missoula Hate Crime and Bias Incident Report

This form was developed in order to obtain information about and/or to report incidents occurring in our community. Third party or anonymous complaints will be accepted, but please be aware that anonymous complaints can sometimes be difficult to investigate as an investigator may need additional information and the complainant may be the only source available. For this reason, please consider providing contact information when submitting your complaint.

I opt to remain anonymous: [ ] Reporting Person: Victim / Witness / Friend / [ ]

First name: ______________________ Last name: ______________________

Contact information: ________________________________________________

(Address, E-Mail or Phone #)

Date of incident: ______ Time: ______ Location: ______________________

Please describe the incident:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(Continue on reverse if necessary)

Victim name: __________________________________________________________

Contact information: ________________________________________________

Does the victim want contact from an official? Yes or No

Do you want contact from an official? Yes or No

The incident was or appeared to be: (Circle all that apply)
- Verbal Assault or Slur
- “Threat of Outing”
- Graffiti
- Pursuit/Chase
- Threat of Physical Assault
- Leafleting
- Physical Assault
- Stalking
- Sexual Harassment
- Public Indecency
- Phone Harassment
- Unwanted letter or Email

I felt the incident was because of: (Circle all that apply)
- Gender
- Creed
- Religion
- Ethnicity
- Disability
- Race
- Sexual Orientation
- National Origin
- Appearance/Color
- Other ______________________

To your knowledge, was this incident reported to any police agency? Yes or No

If so, which agency? (Circle one) Missoula Police / Missoula County Sheriff / UM Police

Thank you for taking the time to step up and help us combat hate crimes and bias incidents in Missoula.

Please return this form to: Quality of Life, Missoula Police Department, 435 Ryman St, Missoula, MT 59802