

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 anonymou	S: (Check Here)	Reporting Pers	on:	Victim / Witness / Frier (Circle One)	nd / (Other)
First name:		Last name	:		
Contact information: (Address, E-Mail or Phone #)					
Date of incident:	Time:	Locatio	n:		
Please describe the incide	ent:				
(Continue on reverse if necessary)					
Victim name:					
Contact information:					
Does the victim want contact from an official? Do you want contact from an official?				or No or No	
The incident was or appea -Verbal Assault or Slur -"Threat of Outing" -Graffiti -Pursuit/Chase		hysical Assault	-	-Sexual Harassment -Public Indecency -Phone Harassment -Unwanted letter or Em	ail
I felt the incident was beca -Gender -Creed -Religion -Ethnicity	ause of: (Circl -Disability -Race -Sexual Orie -National Or	entation	-	-Nationality -Age -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