



STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

1 State of Nevada Way, Suite 100  
Las Vegas, Nevada 89119

## **Hate Crime Reporting Form**

This form is used to report hate incidents and hate crimes.  
If you are in immediate danger, please call 911.

**This form is not used to report to law enforcement.**

1. What is your preferred language?
2. Have you experienced or witnessed an act of hate or any event related to discrimination or prejudice?
3. Is this your first time reporting to us regarding THIS act of hate?
4. When did you first call/contact us approximately?
5. Do you have a case number?
6. Please enter the year you were born (the person who is reporting)
7. Do you have an attorney? (If not, skip to question 13)
8. Has your attorney provided you with permission to contact/speak with us?
9. What is the first name of your attorney?
10. What is the last name of your attorney?
11. What is your attorney's phone number with area code?
12. What is your attorney's email address?
13. If you want to provide it, please give your first name.

*This is not required to make a report*

14. Last name

15. What are your pronouns?

If, other please explain

***This information will be shared between the Civil Rights Department, other agencies, and community leaders to help identify areas in need of more resources related to acts of hate and improve efforts to prevent and respond to hate. In addition, this will ensure that you receive services unique to your needs.***

16. Do we have your consent to share this information?

This is not a law enforcement reporting line.

17. Is the person reporting, the victim/person targeted for hate?

18. Are you a witness, an advocate, or other?

19. What is your relation to the Targeted person(s)?

20. Who was Targeted (Select one)

21. How many people were impacted?

22. What is the Targeted person(s) Race?

23. What is the Targeted person(s) Current Gender?

24. If you know or can estimate, what is the age of the targeted person(s)?

25. Type of Crime or Incident

26. Which bias/prejudice do you think motivated the perpetrator?

If more than one, specify others below.

27. If known, please write the actual identity of the person targeted regardless of what the perpetrator intended to target.

28. Description of Incident - If possible be specific and provide exact language used by the perpetrator(s). What specifically did the perpetrator(s) say or do (if applicable)? Please limit your response to 1500 characters

29. Estimated Date of Incident (MM/DD/YYYY)

30. What time did the incident/crime occur?

31. Setting of the incident?

32. In which City did the incident occur?\*

*City name is required. If you do not know the city, write "don't know"*

33. Please indicate the Zip Code where incident occurred (if known)

34. Would you like a referral to additional social services?

35. Would you like a referral to law enforcement?

36. Would it be okay if we contacted you to follow up to ensure your connection to services referred?

*If it is okay to contact, please list the best days and times for us to contact you*

37. What is your phone number with area code?

38. What is your email address?

39. Do you have any confidentiality or safety concerns for the targeted person?