**NHS Grampian Reporting a Racist or Discrimination Incident**

Only respondents who consent to be contacted by the Equality and Diversity (ED) Team will receive a follow up response, usually within 48 hours, Monday to Friday. Your personal information will not be shared without your permission.

We are happy to contact you and take follow up action and provide support, but we cannot do this if you choose to remain anonymous.

**Section 1 – Tell us what happened**

|  |  |
| --- | --- |
| 1. Date of incident |  |
| 1. Time of incident |  |
| 1. Location (please provide specific location: department/ward/clinic and building/hospital) |  |
| 1. Please tell us if you are | NHS Grampian Staff  NHS Grampian/HSCP Staff  Student – RGU  Student – University of Aberdeen  Student – other University, please specify \_\_\_\_\_\_  Patient  Relative, visitor or member of the public  Other, \_\_\_\_\_\_\_ |
| 1. Were you the victim or witness? | Victim  Witness  Other, \_\_\_\_\_\_\_ |
| 1. If known, who was the person who was being racist or discriminatory? | Staff  Student  Patient  Family of patient  Member of the public  Other, \_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| 1. What is the behaviour of the incident? (Tick all that apply) | Subtle comment/action  Verbal abuse/aggression  Inappropriate comment  Racist/discriminatory comment  Threatening behaviour  Physical aggression/assault  Damage to property  Feeling excluded from activities  Other, \_\_\_\_\_\_\_\_\_ |
| 1. Please describe the incident |  |
|  | |
| 1. Have you reported this incident to anyone else? | Yes  No |
| 1. If yes, to whom did you report this incident? | I logged the incident to Datix  Line Manager / Other manager  Equality and Diversity Team  HR  Trade Union and Staff Side Representative  Confidential Contacts  Other \_\_\_\_\_\_\_\_ |
| 1. What do you want to happen now? (tick all that apply) | I only want to report the incident and take no further action  I want Equality and Diversity Team to contact me on a confidential basis to talk about the incident  I plan to take further action myself  Other, \_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| 1. If you want the Equality and Diversity Team to contact you, please give us your name and email or phone number. |  |
| 1. Is this the first time you reported an incident using this form? | Yes  No |
| 1. Have you experienced or reported other racist or discriminatory incident in the past? | Yes  No |
|  |  |
| **Section 2 – Diversity Monitoring** | |
| The collection of diversity data will give us an understanding on diversity patterns and analyse trends of race and discrimination incidents.  Answering this section is OPTIONAL, however it can provide critical information for our future work on equality, diversity and inclusion. | |
| 1. Please tell us YOUR race or ethnicity | Prefer not to say  \_\_\_\_\_\_\_ |
| 1. Please select YOUR sex | Male  Female  Prefer not to say  Other, \_\_\_\_\_\_\_\_\_ |
| 1. Please tell us the race or ethnicity of the perpetrator (if known) | Prefer not to say  \_\_\_\_\_\_\_\_\_ |
| 1. Please select the sex of the perpetrator | Male  Female  Prefer not to say  Other, \_\_\_\_\_\_\_\_\_\_\_ |

**You can return this form by:**

Email: [gram.edincidentreporting@nhs.scot](mailto:gram.edincidentreporting@nhs.scot)

Internal mail: Equality and Diversity Team – CONFIDENTIAL, Foresterhill House, ARI

By post (no stamp required): FREEPOST (ED), NHS Grampian