**Amaze Equalities, Diversity and Inclusion – Incident Form**

Please complete this form if you feel you have experienced discrimination, abuse or microaggressions when accessing support from - or working at - Amaze. This may have been related to race, ethnicity, religion, belief, disability, sex or gender, sexual orientation, age, marriage and civil partnership, pregnancy and maternity, or being trans or non-binary.

If you have experienced these things when accessing any other service, we strongly encourage you to report this to that particular service directly. However, if you don’t feel comfortable doing this, you can complete our form and we will report it on your behalf.

**When and when?**

**Did this incident occur at Amaze**? Yes  No

**If no, which service/organisation did it occur at?**

Click or tap here to enter text.

**If it was at Amaze, which service were you accessing, or trying to access?**

(Or if you are an employee or volunteer with Amaze and this happened at work, which team was involved?)

Click or tap here to enter text.

**Date of incident**

Click or tap here to enter text.

**Time of incident**

Click or tap here to enter text.

**What happened?**

**What does the incident relate to?** (Tick all that apply)

Race or ethnicity

Religion or belief

Sex or gender

Trans or non-binary status

Age

Sexual or romantic orientation

Disability

Marriage and civil partnership

Pregnancy and maternity

**What happened?** (Tick all that apply)

Verbal abuse or offensive language

Threats

Malicious communications (phone calls / texts / emails / social media)

Physical assault

Sexual harassment or sexual assault

Other Click or tap here to enter text.

**Please give details of exactly what happened during the incident**

In order to enable us to respond to your enquiry without having to contact you for more information, please be as specific as possible with the information that you supply.

Click or tap here to enter text.

**Have you experienced this type of incident at Amaze before?** (Or if you are reporting an incident that happened at a different service, have you experienced this type of incident at that service before?

Yes No

**If yes, please tell us how many times**

Less than 3 times in the last 6 months

3 times or more in the last 6 months

**Your details**

If we need more information, is it okay to contact you? If so, please provide your details below. Giving us your details also means we can let you know what we have done with your incident report.  
  
Please note, if we cannot contact you for further information, this may limit our ability to investigate this incident, and prevent future recurrences.

**Name** Click or tap here to enter text.

**How would you like to be contacted?**

Email Click or tap here to enter text.

Telephone Click or tap here to enter text.

**Were there any witnesses to the incident?** Yes No

**If yes, please provide details of any witnesses**

Click or tap here to enter text.

**Is there anything else you'd like to add?**

Click or tap here to enter text.

**If you are reporting an incident with a different organisation/service, are you happy for us to share with them the information you've provided here?**

Yes

No

N/a

**Thank you for completing this form.**

**Please email it to** [**rachel@amazesussex.org.uk**](mailto:rachel@amazesussex.org.uk), or another member of staff if you would feel more comfortable.

We will arrange a full review of the incident, and identify necessary actions and learning. Any incidents received will also be taken to our Board’s Personnel Subgroup for review. If you have provided contact details we will update you with our progress.

**For internal purposes (do not fill in)**

Name of person investigating incident Click or tap here to enter text.

Action taken Click or tap here to enter text.

Date fed back to person reporting incident Click or tap here to enter text.

Action outstanding Click or tap here to enter text.