

Councillor Harassment, Abuse and Intimidation Non-Emergency Reporting Form

If you have experienced harassment, abuse and intimidation in connection with your role as an elected member for Cheshire East Council, you can tell us about your experience by completing this incident report. You can do this anonymously if you wish.

Once this form has been completed, it will be shared with the Head of Democratic Services to review and identify what appropriate action, if necessary, should be taken. The Head of Democratic Services will, before any action is taken, discuss the proposed next steps with the impacted councillor.

It is important to note that this form does not replace the need to report matters directly to the Police. For serious incidents, you should contact the Police immediately.

The purpose of this form is to ensure that Cheshire East, internally, is capturing details of incidents so that these can be monitored and where appropriate, action taken to resolve/prevent issues. All incidents of harassment, abuse and intimidation should also be reported to Cheshire Police prior to completing this form.

SECTION 1: PERSONAL DETAILS		
Name:	Not mandatory	
Email:	Not mandatory	
I am the <input type="checkbox"/> Victim / Recipient of the behaviour <input type="checkbox"/> Witness / active bystander <input type="checkbox"/> Advocate reporting on behalf of the victim or witness		
I am.. <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: <input type="checkbox"/> Prefer not to say	Not mandatory	
Political affiliation <input type="checkbox"/> Conservative <input type="checkbox"/> Labour <input type="checkbox"/> Independent <input type="checkbox"/> Non-grouped Independent <input type="checkbox"/> Other please state:....	Not mandatory	
SECTION 2: DETAILS OF THE INCIDENT		
When did the incident occur	(date) and (time)	
Where did the incident happen?	(location/address)	

Nature of the incident: <input type="checkbox"/> VERBAL in person (threat, abuse) <input type="checkbox"/> PHYSICAL (theft, physical attack, anti-social behaviour) <input type="checkbox"/> ONLINE (online via social media abuse, threat, harassment) Please provide further details of the nature of the incident:		
Did the incident involve any of the following select all that are appropriate <input type="checkbox"/> Age related discrimination or harassment, abuse or harassment <input type="checkbox"/> Disability discrimination or harassment <input type="checkbox"/> Gender Identity discrimination, harassment, or abuse <input type="checkbox"/> Race discrimination, harassment or abuse <input type="checkbox"/> Religion or belief based discrimination, harassment or abuse <input type="checkbox"/> Sexual orientation harassment, abuse or intimidation <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Sex discrimination or bias <input type="checkbox"/> Stalking <input type="checkbox"/> Breach of private and family life <input type="checkbox"/> Bullying <input type="checkbox"/> Political affiliation discrimination, harassment, abuse or intimidation <input type="checkbox"/> Verbal, visual or written abuse or threats of violence <input type="checkbox"/> Other – please specify		
Please describe what happened and who was involved?		
If the incident occurred virtually – such as Online Social Media Platforms / Instant Messaging (WhatsApp, X, Text Message, Facebook, Voicemail) please		

state the platform in which the incident occurred? <input type="checkbox"/> X <input type="checkbox"/> Facebook <input type="checkbox"/> Text Message <input type="checkbox"/> Voicemail <input type="checkbox"/> WhatsApp <input type="checkbox"/> Other, please state.		
Nature of the injuries sustained and how did this incident affect you (physical / emotional)	(if physical please provide details of where the injuries were sustained)	
Weapon(s) involved: <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: 		
Was this a repeat incident involving the same assailant <input type="checkbox"/> No <input type="checkbox"/> Yes		
Was the assailant known to you (for example, local resident within your ward, Cheshire East Cllrs, Town and Parish Cllr?) <input type="checkbox"/> No <input type="checkbox"/> Yes		
Were there any witnesses at the time of the incident / do you have physical evidence of any threats/abuse. <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details 		
Have you reported the incident to the Police <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include Police reference number		

<p>If yes, please provide a summary of the action that the Police have/intend to take</p> <p>.....</p>		
<p>Is there any specific action you would like Cheshire East to take?</p> <p>.....</p>		
<p>Would you like a copy of this incident form to be sent to your Group Leader/Administrator</p> <p>Yes</p> <p>No</p>		