ETHNIC INTIMIDATION / HATE INCIDENT DISPOSITION REPORT

Victim:		**Crime:**	
RMS#:		**Address:**	
District:		**Suspect/ Race:**	
Zone:		**Victim/ Race:**	
Detective Assigned:			

Brief Synopsis:

Hate Crime: Y / N Type?

Prosecutor Consultation Results:

Mediation Results:

OIC Approval:

FAX completed form to Intelligence Unit 623-5533