



Please complete this form to report incidents of discrimination relating to Bolton College. If you would like help completing this form, please ask a member of staff or contact our helpline on 01204 48 2000. If the incident you are reporting is **not related** to race, age, sexual orientation, disability, gender/gender identity or religion/belief please complete a College Incident Report Form instead.

Note to Staff: If you are helping some one to complete this form please refer to the Discrimination Policy & Procedure

Section 1: Your details

Your name:

Your address:

Your phone number(s):

Your gender: Male Female

Your age:

Your spoken language: **Your religion/belief:**

Your ethnic origin: Please tick the appropriate box

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Other Asian | <input type="checkbox"/> British |
| <input type="checkbox"/> White & Black African | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Irish |
| <input type="checkbox"/> White & Asian | <input type="checkbox"/> African | <input type="checkbox"/> Other White |
| <input type="checkbox"/> Other Mixed | <input type="checkbox"/> Other Black | <input type="checkbox"/> Other Ethnic Group . please state |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese | |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Middle East | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Traveller | |

Section 5: Declaration

Please read the text below carefully before signing and dating your completed form

I understand that:

A copy of this form will be kept by the College and may be seen by members of staff unknown to me

My personal details will be held in the College's database

This incident will be included in College reports relating to discrimination although I will not be identified by name

The College will contact the police if a crime has been committed or possibly committed in connection with this incident

Please delete the following statement if you do not agree with it:

I give my permission for the College to involve the police in any investigation should they consider it appropriate even if a crime has not been committed.

Your signature (if you have printed this form out):

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You can send your completed form to us:

By email to customer.services@boltoncc.ac.uk

By post or in person to Customer Services Manager, Deane Road, Bolton BL3 5BG

Bolton College Equalities Statement

English is our principal language but we will endeavour to provide information relating to this form in other formats and languages. If customers require this type of support they should contact the Customer Services Manager on:

Telephone: 01204 48 2040

E-mail:

What happens next?