

Stalking or Harassment Behaviour Diary

SPOT THE FOUR SIGNS OF STALKING:

- **FIXATED**
- **OBSESSIVE**
- **UNWANTED**
- **REPEATED**

ISSUED TO

TIME / DATE ISSUED

TIME / DATE CONCLUDED.....

EXHIBIT No

CRIME / INCIDENT REFERENCE No

Officer In Case (OIC) Details

Name:.....

Collar Number:.....

Station:

Email / Telephone:

Book No.....of.....



NOTES OF GUIDANCE

Lincolnshire Police acknowledges that being the victim of stalking or harassment is very distressing. We need your support to help us capture incidents / experiences which could be used as evidence to help support a prosecution.

This booklet is designed to record all such incidents / experiences and should be completed by the victim of stalking or harassment.

It is important that you capture as much information and evidence as possible and below we have listed some typical examples of how you can help us by completing the log as fully and accurately as possible.

How to complete the log

- ▶ Start a new page for each incident.
- ▶ State the date and time of each incident.
- ▶ Describe in [detail](#) exactly **what** happened and **how** it happened:
 - Who did it and how do you know who they are?
 - What exactly did you see and hear?
 - What was said to you and by whom?
 - Was damage caused? If so what and how?
 - How did it make you feel (were you emotional, angry, upset, frightened etc)?
 - Did anyone else witness the incident/behaviour? If they did then note their name, address and telephone number and any other details known to you, e.g. place of work etc.
- ▶ The person making the entry should sign, **date and time** each entry.

Please keep:

- Phone texts/calls
- Answer phone messages on landlines and mobile phones
- Relevant letters
- Video / photos
- Objects used in incidents
- Anything else which is relevant to the stalking or harassment behaviour.
- Social media messages

If you are not sure how to complete this then ask the officer dealing with your case.

The officer dealing with your case will keep in contact with you and collect this booklet(s) at an agreed date in the near future.

Lincolnshire Police is committed to helping to providing a good quality of life to its community. We will work hard to prosecute anyone who seeks to reduce or interfere with that quality of life. Remember, always [call 999 in an emergency](#) or you can reach us on the [non-emergency number](#) of **101**, at any time.

Are you at Risk of Stalking?

If you answer positively to the following questions you may be at risk of stalking. You may wish to take the checklist and your answers with you if you speak to the police or other agencies.

1. Are you very frightened?
2. Is there previous domestic abuse or stalking/harassment history?
3. Has the stalker they vandalised or destroyed your property?
4. Has the stalker turned up unannounced more than three times a week?
5. Has the stalker followed or loitered near your home or workplace?
6. Has the stalker made threats of a physical or sexual violence nature?
7. Has the stalker harassed or stalked any third party since the harassment began?
8. Has the stalker acted violently towards anyone else during the stalking incident?
9. Has the stalker engaged other people to help with their activities?
10. Has the stalker had problems in the past year with drugs, alcohol or mental health?
11. Has the stalker attempted/threatened suicide? (signs of finality and commitment)
12. Has the stalker ever been in trouble with the police or do they have a criminal history?

Date:

Time:

Location:

Details of Incident:

(continue on separate sheet if needed)

Police Involved: YES NO

Officer's Name and Number:

Police Incident Number:

Any Other Witnesses: YES NO

If Yes, Names and Addresses:

Impact of Incident on Yourself and Family:

(continue on separate sheet if needed)

Log completed by:

Signed: Date:

Date:

Time:

Location:

Details of Incident:

(continue on separate sheet if needed)

Police Involved: YES NO

Officer's Name and Number:

Police Incident Number:

Any Other Witnesses: YES NO

If Yes, Names and Addresses:

Impact of Incident on Yourself and Family:

(continue on separate sheet if needed)

Log completed by:

Signed: Date:

Date:

Time:

Location:

Details of Incident:

(continue on separate sheet if needed)

Police Involved: YES NO

Officer's Name and Number:

Police Incident Number:

Any Other Witnesses: YES NO

If Yes, Names and Addresses:

Impact of Incident on Yourself and Family:

(continue on separate sheet if needed)

Log completed by:

Signed: Date:

Date:

Time:

Location:

Details of Incident:

[Large empty text area for incident details]

(continue on separate sheet if needed)

Police Involved:

YES

NO

Officer's Name and Number:

[Empty text box for officer name and number]

Police Incident Number:

[Empty text box for police incident number]

Any Other Witnesses:

YES

NO

If Yes, Names and Addresses:

[Large empty text area for names and addresses]

Impact of Incident on Yourself and Family:

[Large empty text area for impact of incident]

(continue on separate sheet if needed)

Log completed by:

Signed: Date:

Support groups

Various organisations can offer help and advice on matters of stalking and harassment.



0808 802 0300

www.stalkinghelpline.org



Tel: **01522 947510**

Web: **www.victimlincs.co.uk**

Victim Lincs is a service put in place by the Police and Crime Commissioner to deliver a high quality service that provides you with help, support and guidance if you have been a victim of crime

The Suzy Lamplugh Trust

Tel: **020 7091 0014**

Web: **www.suzylamplugh.org**

This organisation aims to create a safer society and enable everyone to live safer lives. It works for the reduction, and fear of, crime against the person through campaigning for policy and legislative change, research, training and advice.



Victim Support

Tel: **0808 1689 111**

Web: **www.victimsupport.org.uk**

Helpline for anyone affected by crime

Paladin NSAS

(National Stalking Advocacy Service)

Tel: **020 3866 4107**

Web: **www.paladinservice.co.uk**



www.stophateuk.org

