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D2.2 – SUPPORT SYSTEM DEVELOPMENT REPORT

COMBATHATE

COMBATING HATE SPEECH AND HATE CRIMES AGAINST INDIVIDUALS WITH MENTAL DISABILITIES.

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ABOUT THE PROJECT

PROJECT NAME
COMBATHATE (Combating Hate Speech and Hate Crimes Against Individuals with Mental Disabilities)

PROJECT NUMBER
101205522

EU PROGRAMME
Citizens, Equality, Rights and Values (CERV)

WHY THIS PROJECT?
Individuals with mental disabilities frequently face hate speech and hate crimes that undermine their dignity, safety, and well-being. COMBATHATE seeks to address this challenge by developing tailored support systems, raising public awareness, and strengthening cooperation between civil society and public authorities (including law enforcement).

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PROJECT CONSORTIUM

Executive Summary

Deliverable **D2.2 – Support System Development Report** presents the complete set of psychological, legal and practical support tools developed within **WP2 of the COMBATHATE project**. The Support System is designed to respond to the needs identified through the transnational Needs Assessment and aims to facilitate **accessible reporting, emotional support, evidence collection and guidance through legal procedures** for people with mental and intellectual disabilities who experience hate speech or hate crimes.

The Support System includes seven core components: a Psychological First Aid (PFA) Card, an icon-based Incident Reporting Form with proxy option, an Evidence Bundle Kit, Legal Flowcharts, Template Letters, national Help Maps, and a Digital Wizard prototype. All tools were developed using a **user-centred and accessibility-oriented approach**, with materials produced in English, Italian, Bulgarian and Estonian, and Easy-to-Read versions where applicable.

Testing and validation were carried out through **simulated scenarios and role-play exercises**, involving approximately nine participants across partner organisations. Feedback from these sessions was used to refine wording, layout, and usability. The Digital Wizard is provided as a prototype via an online link and documented through screenshots.

This deliverable constitutes a **public, reusable support framework** for victims, families, guardians, social workers and frontline professionals, and provides the foundation for the training activities and piloting foreseen in subsequent work packages.

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1. Introduction

The COMBATHATE project addresses hate speech and hate crimes targeting people with mental and intellectual disabilities. Within this framework, **Work Package 2 (WP2)** focuses on the development of **concrete support mechanisms** that can be used in real-life situations by victims, families, guardians and support professionals.

Deliverable D2.2 responds to this objective by presenting a structured Support System that translates research findings and identified needs into **practical, accessible and legally meaningful tools**. The deliverable is public and intended for wide dissemination and reuse.

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2. Scope and Objectives of Deliverable D2.2

The scope of D2.2 is to document the **design, development, testing and final structure** of the COMBATHATE Support System.

Specific objectives are to:

- Provide **immediate emotional support guidance** following incidents of hate speech or hate crime.
- Enable **accessible and supported reporting**, including proxy reporting when necessary.
- Support the **collection and organisation of evidence**.
- Offer **clear guidance on legal pathways and options**.
- Facilitate **contact with relevant local services**.
- Introduce a **digital reporting prototype** aligned with accessibility principles.

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3. Methodology

3.1 Needs-based design

All tools included in the Support System were developed based on the findings of the transnational Needs Assessment carried out in the first phase of the project. The Needs Assessment highlighted significant barriers to reporting, including complex procedures, lack of accessible formats, fear of not being taken seriously, and limited awareness of available services.

3.2 Co-design and development

Partners worked collaboratively, each leading specific components of the Support System, while ensuring coherence across tools. Accessibility, simplicity, and usability were prioritised throughout the development process.

3.3 Testing and validation

Due to the absence of real-life cases during the development period, testing was conducted through **simulated scenarios and role-play exercises**, involving approximately nine users (support staff and partner representatives). These simulations allowed partners to:

- test clarity and comprehension,
- assess usability of icons and layouts,
- verify logical flow of steps,
- identify necessary adjustments.

Feedback from these sessions informed **minor refinements to wording, structure and visual presentation**.

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4. Overview of the COMBATHATE Support System

The Support System consists of the following tools:

Tool	Purpose	Format	Languages
PFA Card	Immediate emotional support guidance	PDF (A3 / A6)	EN, IT, BG, EE
Icon Form + Proxy	Accessible incident reporting	PDF	EN, IT, BG, EE
Evidence Bundle Kit	Evidence collection and organisation	PDF	EN, IT, BG, EE
Legal Flowcharts	Legal pathways and options	PDF	EN, IT, BG, EE
Template Letters	Formal and simplified reporting	PDF	EN, IT, BG, EE
Help Maps	Local support services	PDF	BG, IT, EE (+ E2R EE)
Digital Wizard	Guided digital reporting prototype	PDF + Link	EN

Each tool is described in detail in the annexes attached to this report.

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5. Accessibility and Inclusion

Accessibility principles were applied across all tools, including:

- use of simple language,
- clear layouts and large fonts,
- icons supporting textual content,
- Easy-to-Read versions where relevant,
- allowance for assisted or proxy completion.

The Support System is designed to be usable both independently and with the support of a guardian or professional.

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6. Digital Wizard Prototype

The Digital Wizard translates the icon-based reporting logic into a **mobile-friendly, step-by-step digital journey**. It guides the user through four core questions (WHO, WHAT, WHERE, WHEN) using icons and short labels. The tool allows partial information, includes a consent mechanism for proxy reporting, and offers an optional notes field.

The Digital Wizard is provided as a **prototype** and is accessible via the following link, also recorded in SYGMA:

https://thunkable.site/w/A588rWsedTbGEnmUwRnuE

Screenshots illustrating the user journey are included in **Annex G**.

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7. Conclusions

Deliverable D2.2 provides a **comprehensive, accessible and tested Support System** that responds directly to the needs identified in the COMBATHATE Needs Assessment. The tools developed under WP2 form the operational backbone of the project and will be piloted and further refined through training and implementation activities in subsequent work packages.

Annexes

- **Annex A:** PFA Card
- **Annex B:** Icon Form + Proxy
- **Annex C:** Evidence Bundle Kit
- **Annex D:** Legal Flowcharts
- **Annex E:** Template Letters
- **Annex F:** Help Maps
- **Annex G:** Digital Wizard (screenshots and link)

Annex A: PFA Card

PSYCHOLOGICAL FIRST AID

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1 SAFETY

Find a quiet place, reduce noise, ensure safety

"I'm here to help. Would you like a quiet corner or a seat?"



2 CALM

Use grounding (5-4-3-2-1) or slow breathing

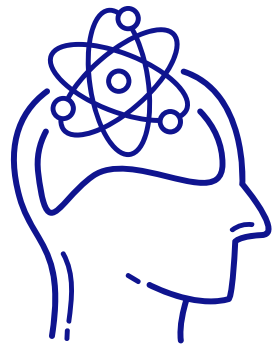
"Let's breathe together for one minute."



3 SENSORY

Offer ear defenders, dim lights, reduce stress

"We can make this space calmer for you."



4 CONNECTION

Identify and call a trusted person with consent

"Shall we call someone you trust?"



5 NEED

Show choice icons (medical, legal, support, go home)

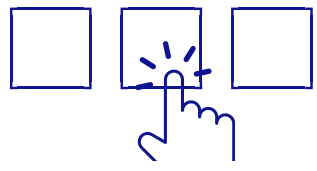
"You can choose what feels right for you."

- Medical aid
- Legal aid
- Support
- Going home

6 OPTIONS

Explain rights in plain language, show Help-Map

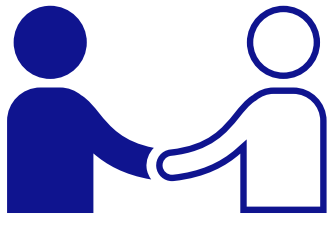
"Here are services that can support you."



7 ACTION

Warm handover: call together, book follow-up

"We can call the support line together now."



8 AFTERCARE

Summarise, give contact info, plan next check-in

"I will check in with you tomorrow."



PSYCHOLOGICAL FIRST AID

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Find a quiet place, reduce noise, ensure safety.

"I'm here to help. Would you like a quiet corner or a seat?"

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"Let's breathe together for one minute."

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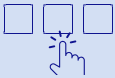
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Психологическа първа помощ

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1 БЕЗОПАСНОСТ

Намерете тихо място, намалете шума, осигурете безопасност.
„Тук съм, за да помогна.
Искаш ли тихо място или да седнеш?“



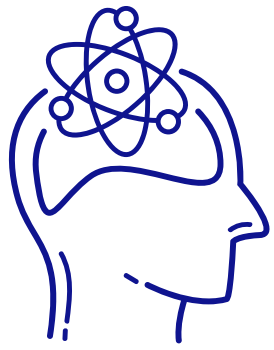
2 УСПОКОЯВАНЕ

Използвайте техники (5-4-3-2-1) или бавно дишане.
„Нека дишаме заедно една минута.“



3 СЕТИВНА ПОДКРЕПА

Предложете антифони, намалете светлината, ограничете стресовите стимули.
„Можем да направим това пространство по-спокойно за теб.“



4 СВЪРЗВАНЕ

Идентифицирайте и се свържете с доверен човек — със съгласие.
„Искаш ли да се обадим на някого, на когото имаш доверие?“



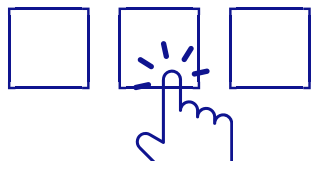
5 НУЖДА

Покажете икони за избор (медицинска помощ, правна помощ, подкрепа, да се прибере у дома).
„Можеш да избереш това, което ти се струва най-подходящо.“

- Медицинска помощ
- Правна помощ
- Подкрепа
- Отиване вкъщи

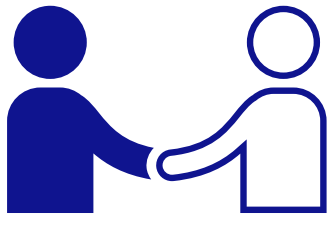
6 ВЪЗМОЖНОСТИ

Обяснете правата с прост език, покажете „карта за помощ“ (Help-Map).
„Ето услугите, които могат да те подкрепят.“



7 ДЕЙСТВИЕ

Топъл трансфер: обадете се заедно, запазете час за последваща подкрепа.
„Можем да се обадим на линията за подкрепа заедно сега.“



8 ПРОСЛЕДЯВАНЕ

Обобщете, дайте контактна информация, планирайте следваща проверка.
„Ще се свържа с теб утре.“



Психологическа първа помощ

1 БЕЗОПАСНОСТ

Намерете тихо място, намалете шума, осигурете безопасност.

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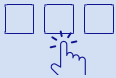

Медицинска помощ


Правна помощ


Подкрепа


Отиване вкъщи

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PSÜHHOLOOGILINE ESMAABI

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1 TURVALISUS

Leia vaikne koht, vähenda müra, taga turvalisus

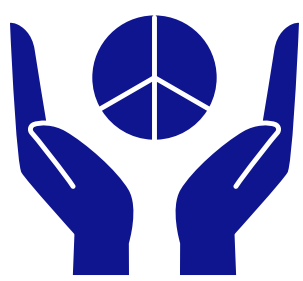
„Ma olen siin, et aidata. Kas soovid minna vaiksemasse nurka või istuda maha?“



2 RAHU

Kasuta maandamise tehnikat (5-4-3-2-1) või aeglast hingamist

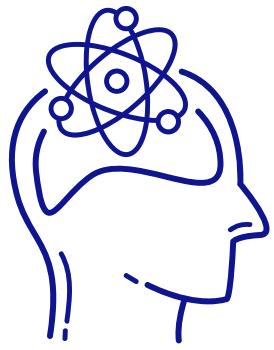
„Hingame koos ühe minuti.“



3 MEELED

Paku kõrvaklappe, vähenda valgust, vähenda stressi

„Me saame selle ruumi sinu jaoks rahulikumaks muuta.“



4 KONTAKT

Tuvasta inimene, keda kannatanu usaldab ja helista talle tema nõusolekul

„Kas helistame kellelegi, keda sa usaldad?“



5 VAJADUSED

Näita ikoonide abil valikuid.

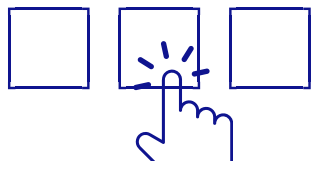
„Sa võid valida selle, mis tundub sulle õige.“

- Meditsiiniline abi
- Juriidiline abi
- Tugi
- Koju minek

6 VALIKUD

Selgita õigusi lihtsas keeles, näita abiteenuste kaarti

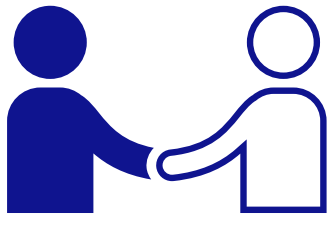
„Siin on teenused, mis saavad sind toetada.“



7 TEGUTSEMINE

Soe üleandmine: helistage koos, leppige kokku järelkohtumine

„Me võime kohe praegu koos tugitelefonile helistada“



8 JÄRELHOOL

Võta kokku, anna kontaktinfo, lepi kokku järgmine kontakt

„Ma võtan sinuga homme ühendust.“



PSÜHHOLOOGILINE ESMAABI

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1 SICUREZZA

Trova un luogo tranquillo, riduci il rumore, garantisci la sicurezza.
«Sono qui per aiutarti. Preferisci un angolo tranquillo o una sedia?»



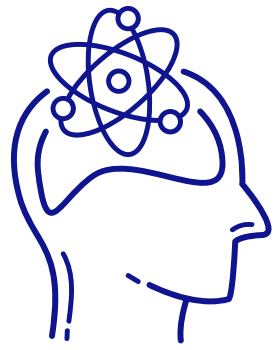
2 CALMA

Usa tecniche di grounding (5-4-3-2-1) o respirazione lenta.
«Respiriamo insieme per un minuto.»



3 SENSORIALE

Offri cuffie antirumore, abbassa le luci, riduci lo stress.
«Possiamo rendere questo spazio più tranquillo per te.»



4 CONNESSIONE

Identifica e contatta una persona fidata con il consenso.
«Vuoi che chiamiamo qualcuno di cui ti fidi?»



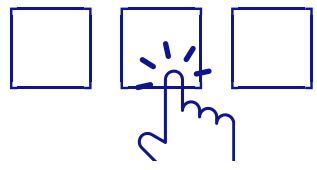
5 BISOGNO

Mostra icone di scelta (medico, legale, supporto, tornare a casa).
«Puoi scegliere ciò che ti fa sentire meglio.»

- Assistenza medica
- Assistenza legale
- Support0
- Andare a casa

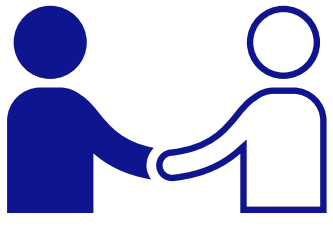
6 OPZIONI

Spiega i diritti in linguaggio semplice, mostra la Mappa di Aiuto.
«Ecco i servizi che possono supportarti.»



7 AZIONE

Passaggio di consegne attivo: chiamare insieme, fissare un follow-up.
«Possiamo chiamare insieme la linea di supporto adesso.»



8 CURA SUCCESSIVA

Riepiloga, fornisci contatti, pianifica un nuovo check-in.
«Domani verificherò come stai.»



Primo Soccorso Psicologico

1 SICUREZZA

Trova un luogo tranquillo, riduci il rumore, garantisci la sicurezza.
«Sono qui per aiutarti. Preferisci un angolo tranquillo o una sedia?»

2 CALMA

Trova un luogo tranquillo, riduci il rumore, garantisci la sicurezza.
«Sono qui per aiutarti. Preferisci un angolo tranquillo o una sedia?»

3 SENSORIALE



Offri cuffie antirumore, abbassa le luci, riduci lo stress.
«Possiamo rendere questo spazio più tranquillo per te.»

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Identifica e contatta una persona fidata con il consenso.
«Vuoi che chiamiamo qualcuno di cui ti fidi?»

5 BISOGNO

Mostra icone di scelta (medico, legale, supporto, tornare a casa).

«Puoi scegliere ciò che ti fa sentire meglio.»



Assistenza medica



Assistenza legale

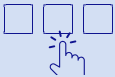


Supporto



Andare a casa

6 OPZIONI



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Annex B: Icon Form + Proxy

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🆘 Формуляр за сигнализиране на инцидент чрез икони

🧍 КОЙ Е ВЪВЛЕЧЕН

🧑‍🦽 Лице с физическо увреждане
🧠 Лице с ментално или психосоциално увреждане
👨‍👩‍👧 Семейство или приятели
👮 Полиция или органи на реда
❓ Друго (уточнете): _____

💬 КАКВО СЕ Е СЛУЧИЛО

🗣️ Обидни думи или нападки
💻 Онлайн омраза (социални мрежи, чат, форум)
🤜 Физическо насилие
🚫 Изключване или дискриминация
🏫 Тормоз или хейт в училище
🏥 Отказ на услуга или помощ
💔 Друго (уточнете): _____

📍 КЪДЕ И КОГА

🕑 Дата и час: _____
📍 Място:
🚌 Улица или обществен транспорт
🏫 Училище или университет
🏢 Офис или публична служба
💻 Онлайн
🏡 Дом или квартал

📷 ДОКАЗАТЕЛСТВА (по желание)

☐ Снимка
☐ Скрийншот
☐ Свидетел
☐ Записано съобщение или документ

💌 КОЙ ПОПЪЛВА ФОРМУЛЯРА

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🧑 Аз съм пострадалото лице
👩‍🦰 Аз съм роднина или приятел (представител)
👩‍💼 Аз съм специалист по подкрепа
📞 Контакт или имейл: _____

📬 **КЪДЕ ДА СЕ ИЗПРАТИ**

🖨️ Предайте до най-близкия офис за подкрепа или център

📧 Или изпратете на: provisioninternational.office@gmail.com

🧾 Формулярът може да бъде попълнен лично от вас или от доверен човек.

Използвайте иконите, за да покажете какво се е случило.

Вашата информация се пази поверително и се споделя само с хора, които могат да помогнат за решаването на проблема.

Send email to:

✂️ ---------- Откъснете тук---------- ✂️

✂️ **Лента за представител (откъсваща се част)**

Име: _____

Отношение към лицето:

☐ Родител
☐ Специалист по подкрепа
☐ Приятел
☐ Служител
☐ Друго: _____

Действам със съгласие:
☐ Да
☐ Не

Причина лицето да не може да подпише:
☐ Невербална комуникация
☐ Физическа трудност
☐ Не може да пише
☐ Друго: _____

Дата: _____
Подпис на представителя: _____

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🆘 Icon-Based Incident Reporting Form

🧍 WHO IS INVOLVED

🧑‍🦽 Person with physical disability
🧠 Person with mental or psychosocial disability
👨‍👩‍👧 Family or friends
👮 Police or law enforcement involved
❓ Other (specify): _____

💬 WHAT HAPPENED

🗣️ Offensive words or insults
💻 Online hate (social media, chat, forum)
👊 Physical violence
🚫 Exclusion or discrimination
🏫 Bullying or harassment at school
🏥 Refusal of service or assistance
💔 Other (specify): _____

📍 WHERE AND WHEN

🕑 Date and time: _____
📍 Place:
🚌 Street or public transport
🏫 School or university
🏢 Office or public service
💻 Online
🏡 Home or neighborhood

📷 EVIDENCE (optional)

☐ Photo
☐ Screenshot
☐ Witness
☐ Saved message or document

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💌 WHO IS FILLING THE FORM

🧑 I am the person involved
👨‍🦰 I am a relative or friend (proxy)
👩‍💼 I am a support worker
📞 Contact or email: _____

📬 WHERE TO SEND

🖨️ Deliver to the nearest helpdesk or center
📧 Or send to: *mediator e-mail*
🧾 This form can be completed by you or by a trusted person. Use the icons to show what happened.

Send email to:

QR code

Your information is kept private and is only shared with people who help solve the problem

✂️ ---------- Tear here ---------- ✂️

✂️ Proxy Strip (Tear-off section)

Name: _____
Relationship to person:
☐ Parent
☐ Support worker
☐ Friend
☐ Staff member
☐ Other: _____
Acting with consent:
☐ Yes
☐ No
Reason person cannot sign:
☐ Non-verbal
☐ Physical difficulty
☐ Does not know how to write
☐ Other: _____
Date: _____
Signature of proxy: _____

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🆘 Ikoonipõhine juhtumi teavitamise vorm

🧍 KES ON KAASATUD

🧑‍🦽 Inimene füüsilise puudega
🧠 Inimese vaimse või psühhosotsiaalse puudega
👨‍👩‍👧‍👦 Perekond või sõbrad
👮 Politsei või korrakaitseasutus kaasatud
❓ Muu (täpsusta): _____

💬 MIS JUHTUS

🗣️ Solvavad sõnad või solvangud
💻 Vihakõne veebis (sotsiaalmeedia, chat, foorum)
🤜 Füüsiline vägivald
🚫 Väljaarvamine või diskrimineerimine
🏫 Koolikiusamine või ahistamine
🏥 Teenuse või abi keelamine
💔 Muu (täpsusta): _____

📍 KUS JA MILLAL

🕑 Kuupäev ja kellaaeg: _____
📍 Asukoht:
🚌 Tänaval või ühistranspordis
🏫 Koolis või ülikoolis
🏢 Ametiasutuses või avalikus teenuses
💻 Veebis
🏡 Kodus või naabruskonnas

📷 TÕENDID (valikuline)

☐ Foto
☐ Ekraanipilt
☐ Tunnistaja
☐ Salvestatud sõnum või dokument

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💌 KES TÄIDAB VORMI

🧑 Mina olen kannatanu / osaline
👨‍🦰 Olen lähedane või sõber (volitatud isik)
👩‍💼 Olen tugiisik
📞 Kontakt või e-mail: _____

📬 KUHU SAATA

🖨️ Vii vorm nearest helpdesk or center
📧 Või saada e-mailile: *mediator e-mail*
🧾 Seda vormi saab täita sina ise või usaldusisik.
Kasuta ikoone, et näidata, mis juhtus.

Saada e-mailile:

QR code

Sinu info on privaatne ja seda jagatakse ainult inimestega, kes aitavad probleemi lahendada.

✂️ ---------- Rebi siit ---------- ✂️

✂️ Volitusriba (ärarebimiseks)

Nimi: _____
Seos inimesega:
☐ Vanem
☐ Tugiisik
☐ Sõber
☐ Töötaja
☐ Muu: _____
Tegutseb inimese nõusolekul:
☐ Jah
☐ Ei
Põhjus, miks inimene ei saa allkirjastada:
☐ Mitteverbaalne
☐ Füüsiline raskus
☐ Ei oska kirjutada
☐ Muu: _____
Kuupäev: _____
Volitatud isiku allkiri: _____

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🆘 Modulo di Segnalazione di Incidenti con Icone

🧍 CHI È COINVOLTO

🧑‍🦽 Persona con disabilità fisica
🧠 Persona con disabilità mentale o psicosociale
👨‍👩‍👧 Familiari o amici
👮 Polizia o forze dell'ordine coinvolte
❓ Altro (specificare): _____

💬 COSA È SUCCESSO

🗣️ Parole offensive o insulti
💻 Odio online (social media, chat, forum)
👊 Violenza fisica
🚫 Esclusione o discriminazione
🏫 Bullismo o molestie a scuola
🏥 Rifiuto di servizio o assistenza
💔 Altro (specificare): _____

📍 DOVE E QUANDO

🕑 Data e ora: _____
📍 Luogo:
🚌 Strada o trasporto pubblico
🏫 Scuola o università
🏢 Ufficio o servizio pubblico
💻 Online
🏡 Casa o quartiere

📷 PROVE (opzionale)

☐ Foto
☐ Screenshot
☐ Testimone
☐ Messaggio o documento salvato

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💌 CHI COMPILA IL MODULO

🧑 Sono la persona coinvolta
👨‍🦰 Sono un familiare o amico (delegato)
👩‍⚕️ Sono un operatore di supporto
📞 Contatto o email: _____

📬 DOVE INVIARE

🖨️ Consegnare al centro di assistenza più vicino
📧 Oppure inviare a: gliamicidipuck@gmail.com
🧾 Questo modulo può essere compilato da te o da una persona di fiducia. Usa le icone per indicare cosa è successo.

Invia email a:

Le tue informazioni sono mantenute private e vengono condivise solo con le persone che aiutano a risolvere il problema.

✂️ ---------- Taglia qui ---------- ✂️

✂️ Sezione Delegato (Parte staccabile)

Nome: _____
Relazione con la persona:
☐ Genitore
☐ Operatore di supporto
☐ Amico
☐ Membro dello staff
☐ Altro: _____
Agisce con il consenso:
☐ Sì
☐ No
Motivo per cui la persona non può firmare:
☐ Non verbale
☐ Difficoltà fisica
☐ Non sa scrivere
☐ Altro: _____
Data: _____
Firma del delegato: _____

Annex C: Evidence Bundle Kit

📁 КОМПЛЕКТ ЗА СЪБИРАНЕ НА ДОКАЗАТЕЛСТВА

I. КОНТРОЛЕН СПИСЪК — Какви доказателства трябва да събера?

📝 1. ОПИСАНИЕ НА ИНЦИДЕНТА

🕒 Дата:
📍 Място:
💬 Какво се е случило?

📷 2. ВИЗУАЛНИ ДОКАЗАТЕЛСТВА

☐ Снимки на мястото, където се е случил инцидентът
☐ Снимки на наранявания, повредени предмети или предмети
☐ Снимки на екрана на коментари, съобщения, публикации, изпълнени с омраза
☐ Снимки на екрана на потребителски имена, профили, времеви отпечатъци
☐ Снимки на екрана на изтрито съдържание (ако е възстановено)

Пример: Снимка на екрана от Facebook, показваща съобщението „Луд си, стой си вкъщи!“, изпратено до жертвата.

🎧3. АУДИО/ВИДЕО ДОКАЗАТЕЛСТВА

☐ Видеозаписи от телефон
☐ Гласови съобщения (Messenger, Viber, WhatsApp)
☐ Всякакви аудиозаписи, на които се чуват обидни или заплашителни думи
☐ Запис от видеонаблюдение (ако има такъв)

Пример: Гласов запис, на който лицето казва „Вие, хора с умствени увреждания, не трябва да сте навън.“

👀4. ИНФОРМАЦИЯ ЗА СВИДЕТЕЛИ

☐ Имена на свидетели
☐ Телефонен номер или имейл
☐ Кратко описание на видяното
☐ Дали са готови да свидетелстват

Пример: Съсед: „Видях как нападателят го блъска и крещи обиди.“

🏥 5. МЕДИЦИНСКА ИНФОРМАЦИЯ

☐ Лекарски доклад
☐ Снимки, направени от медицински персонал
☐ Болнични документи, диагностични бележки
☐ Бележки за въздействие върху психичното здраве

Пример: Медицинска бележка, в която се посочват синини по ръката на жертвата.

💙6. ЕМОЦИОНАЛНО ВЪЗДЕЙСТВИЕ

☐ Как се чувства човекът след инцидента
☐ Промени в поведението (страх, отдръпване, тревожност)

☐ Нови трудности (проблеми със съня, избягване на определени места)
Пример: „Страхувам се да излизам навън сам след инцидента.“

II. ИНСТРУКЦИИ — Как да използвате този пакет с доказателства

1. Съберете доказателства възможно най-скоро.
2. Запазете оригиналните файлове.
3. Ако жертвата не може да събере доказателства, попитайте доверен представител.
4. Попълнете шаблоните стъпка по стъпка.
5. НЕ редактирайте и НЕ променяйте доказателствата.
6. Съхранявайте всичко в една папка или плик.
7. Проверете контролния списък, преди да подадете жалба.

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📁 КОМПЛЕКТ ЗА СЪБИРАНЕ НА ДОКАЗАТЕЛСТВА - МИНИ-ШАБЛОН

1. Описание на инцидента
Дата: _____
Време: _____
Място: _____
Кратко описание на случилото се:
_____
Пример: „На автобусната спирка три момчета ме нарекоха „луд“ и ме бутнаха.“

2. Визуални доказателства
Тип: ☐ снимка ☐ екранна снимка ☐ друго
Описание с едно изречение:
_____
Пример: Екранна снимка от Instagram, съдържаща обиден коментар.

3. Аудио/видео доказателства
Тип: ☐ видео ☐ гласово съобщение ☐ друго
Какво може да се види/чуе:
_____

4. Показания на свидетел
Име: _____
Телефон/Имейл: _____
Какво е видял/чул свидетелят:

5. Медицинска информация
Дата на медицинския преглед: _____
Какво е съобщил лекарят:
_____

6. Емоционално въздействие (по избор)
Как се чувства лицето след инцидента:
_____

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📁 EVIDENCE BUNDLE KIT

I. CHECKLIST — What evidence should I collect?

📝 1. INCIDENT DESCRIPTION

🕒 Date:
📍 Location:
💬 What happened?

📷 2. VISUAL EVIDENCE

☐ Photos of the place where the incident happened

☐ Photos of injuries, damaged items, or objects involved

☐ Screenshots of hateful comments, messages, posts

☐ Screenshots of usernames, profiles, timestamps

☐ Screenshots of deleted content (if recovered)

Example: *Screenshot from Facebook showing the message "You're crazy, stay home!" sent to the victim.*

🎧3. AUDIO/VIDEO EVIDENCE

☐ Phone videos
☐ Voice messages (Messenger, Viber, WhatsApp)
☐ Any audio recordings where insulting or threatening words are heard
☐ CCTV footage (if available)
Example: *Voice recording where the individual says "You mentally disabled people should not be outside."*

👀4. WITNESS INFORMATION

☐ Names of witnesses
☐ Phone number or email
☐ Short description of what they saw
☐ Whether they are willing to testify
Example: *Neighbour: "I saw the attacker push him and shout insults."*

🏥 5. MEDICAL INFORMATION

☐ Doctor's report
☐ Photos taken by medical staff

☐ Hospital papers, diagnosis statements
☐ Mental health impact notes
Example: *Medical note stating bruises on the victim's arm.*

💙6. EMOTIONAL IMPACT
☐ How the person feels after the incident
☐ Changes in behaviour (fear, withdrawal, anxiety)
☐ New difficulties (sleep problems, avoidance of certain places)
Example: *"I am afraid to go outside alone since the incident."*

II. INSTRUCTIONS — How to use this Evidence Bundle

1. **Collect evidence as soon as possible.**
2. **Keep original files.**
3. **If the victim cannot collect evidence, ask a trusted representative.**
4. **Fill in the templates step by step.**
5. **Do NOT edit or modify the evidence.**
6. **Store everything in one folder or envelope.**
7. **Check the checklist before submitting a complaint.**

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📁 EVIDENCE BUNDLE KIT - MINI-TEMPLATE

1. Incident Description

Date: _____
Time: _____
Location: _____
Short description of what happened:

Example: "At the bus stop, three boys called me 'crazy' and pushed me."

2. Visual Evidence

Type: ☐ photo ☐ screenshot ☐ other
One-sentence description:

Example: Screenshot from Instagram containing an insulting comment.

3. Audio/Video Evidence

Type: ☐ video ☐ voice message ☐ other
What can be seen/heard:

---

4. Witness Statement

Name: _____
Phone/Email: _____
What the witness saw/heard:

---

5. Medical Information

Date of medical check-up: _____
What the doctor reported:

---

6. Emotional Impact (optional)

How the person feels after the incident:

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📁 TÕENDITE KOGUMISKOMPLEKT

I. KONTROLLNIMEKIRI — Milliseid tõendeid peaksin koguma?

📝 1. JUHTUMI KIRJELDUS

🕑 Kuupäev:

📍 Asukoht:

💬 Mis juhtus?

📷 2. VISUAALSED TÕENDID

☐ Pildid kohast, kus juhtum aset leidis

☐ Pildid vigastustest, kahjustatud esemetest või osalejatest

☐ Ekraanipildid vihkavatest kommentaaridest, sõnumitest, postitustest

☐ Ekraanipildid kasutajanimedest, profiilidest, kuupäevadest ja kellaajadest

☐ Ekraanipildid kustutatud sisust (kui on taastatud)

Näide: Facebooki ekraanipilt, kus ohvrile saadeti sõnum: „Sa oled hull, jää koju!“

🎧 3. HELI-/VIDEO TÕENDID

☐ Telefonivideod

☐ Häälsõnumid (Messenger, Viber, WhatsApp)

☐ Kõik helisalvestised, kus kuuldakse solvavaid või ähvardavaid sõnu

☐ Valvekaamera salvestised (kui saadaval)

Näide: Häälsalvestis, kus isik ütleb: „Te vaimselt puuetega inimesed ei tohiks väljas olla.“

👀 4. TUNNISTAJATE ANDMED

☐ Tunnistajate nimed

☐ Telefoninumber või e-post

☐ Lühike kirjeldus sellest, mida nad nägid

☐ Kas nad on valmis tunnistama

Näide: Naaber: „Ma nägin, kuidas ründaja teda lükkas ja solvanguid karjus.“

🏥 5. MEDITSIINIANDMED

☐ Arsti raport

☐ Meditsiinipersonali tehtud fotod

☐ Haigla dokumendid, diagnoosid

☐ Märkmed vaimse tervise mõju kohta

Näide: Meditsiiniline märge, mis kirjeldab ohvri käsivarte verevalumeid.

💙 6. EMOTSIONAALNE MÕJU

☐ Kuidas ohver end pärast juhtumit tunneb

☐ Käitumismuutused (hirm, taganemine, ärevus)

☐ Uued raskused (uni, teatud kohtadest hoidumine)

Näide: „Ma kardan pärast juhtumit üksi välja minna.“

II. JUHISED — Kuidas seda tõendite komplekti kasutada

- Kogu tõendeid nii kiiresti kui võimalik.
- Hoia originaalfailid alles.
- Kui ohver ei saa tõendeid koguda, palu seda teha usaldusväärsel esindajal.
- Täida mallid samm-sammult.
- Ära redigeeri ega muuda tõendeid.
- Säilita kõik ühes kaustas või ümbrikus.
- Kontrolli kontrollnimekirja enne kaebuse esitamist.

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📁 TÕENDITE KOGUMISKOMPLEKT – LÜHIKE VERSIOON

1. Juhtumi kirjeldus
Kuupäev: _____
Kellaaeg: _____
Asukoht: _____
Lühike kirjeldus juhtunust:

_____

Näide: „Bussipeatuses kutsusid mind kolm poissi ‘hulluks’ ja lükkasid mind.“

2. Visuaalsed tõendid
Tüüp: ☐ foto ☐ ekraanipilt ☐ muu
Lühike kirjeldus (üks lause):

_____

Näide: Instagrami ekraanipilt solvava kommentaariga.

3. Heli-/video tõendid
Tüüp: ☐ video ☐ häälsõnum ☐ muu
Mida näha/kuulda:

_____

4. Tunnistaja ütlus
Nimi: _____
Telefon/E-post: _____
Mida tunnistaja nägi/kuulis:

_____

5. Meditsiiniline info
Arsti vastuvõtu kuupäev: _____
Mida arst teatas:

_____

6. Emotsionaalne mõju (valikuline)
Kuidas inimene end pärast juhtumit tunneb:

_____

📁 KIT RACCOLTA PROVE

I. CHECKLIST — Quali prove dovrei raccogliere?

📝 1. DESCRIZIONE DELL'INCIDENTE

🕒 **Data:**
📍 **Luogo:**
💬 **Cosa è successo?**

📷 2. PROVE VISIVE

☐ Foto del luogo in cui è avvenuto l'incidente
☐ Foto di ferite, oggetti danneggiati o elementi coinvolti
☐ Screenshot di commenti, messaggi o post offensivi
☐ Screenshot di nomi utente, profili e indicazioni temporali
☐ Screenshot di contenuti eliminati (se recuperati)

Esempio: Screenshot da Facebook che mostra il messaggio
"Sei pazzo, resta a casa!" inviato alla vittima.

🎧 3. PROVE AUDIO / VIDEO

☐ Video registrati con il telefono
☐ Messaggi vocali (Messenger, Viber, WhatsApp)
☐ Qualsiasi registrazione audio in cui si sentono insulti o minacce
☐ Riprese di videosorveglianza (CCTV), se disponibili

Esempio: Registrazione vocale in cui una persona dice
"Le persone con disabilità mentale non dovrebbero stare fuori."

👀 4. INFORMAZIONI SUI TESTIMONI

☐ Nomi dei testimoni
☐ Numero di telefono o indirizzo email
☐ Breve descrizione di ciò che hanno visto
☐ Disponibilità a testimoniare

Esempio: Vicino di casa:
"Ho visto l'aggressore spingerlo e urlare insulti."

🏥 5. INFORMAZIONI MEDICHE

☐ Referto del medico
☐ Foto scattate dal personale sanitario
☐ Documentazione ospedaliera, diagnosi
☐ Annotazioni sull'impatto sulla salute mentale

Esempio: Nota medica che indica lividi sul braccio della vittima.

💙 6. IMPATTO EMOTIVO

☐ Come si sente la persona dopo l'incidente
☐ Cambiamenti nel comportamento (paura, isolamento, ansia)
☐ Nuove difficoltà (problemi di sonno, evitamento di certi luoghi)

Esempio:
"Ho paura di uscire da solo da quando è successo."

II. ISTRUZIONI — Come utilizzare questo kit di prove

- Raccogli le prove il prima possibile.
- Conserva i file originali.
- Se la vittima non può raccogliere le prove, chiedi a una persona di fiducia di farlo.
- Compila i modelli passo dopo passo.
- **NON** modificare o alterare le prove.
- Conserva tutto in un'unica cartella o busta.
- Controlla la checklist prima di presentare una segnalazione o una denuncia.

📁 KIT RACCOLTA PROVE – MINI-MODELLO

1. Descrizione dell'incidente
Data: _____
Ora: _____
Luogo: _____
Breve descrizione di ciò che è accaduto:

Esempio: «Alla fermata dell'autobus, tre ragazzi mi hanno chiamato "pazzo" e mi hanno spinto.»

2. Prove visive
Tipo: ☐ foto ☐ screenshot ☐ altro
Descrizione in una frase:

Esempio: Screenshot da Instagram contenente un commento offensivo.

3. Prove audio/video
Tipo: ☐ video ☐ messaggio vocale ☐ altro
Cosa si vede/si sente:

4. Dichiarazione del testimone
Nome: _____
Telefono/E-mail: _____
Ciò che il testimone ha visto/sentito:

5. Informazioni mediche
Data della visita medica: _____
Cosa ha riportato il medico:

6. Impatto emotivo (facoltativo)
Come si sente la persona dopo l'incidente:

Annex D: Legal Flowcharts

Percorso legale per la segnalazione e gestione di un reato d'odio (disabilità mentale o intellettiva)

1. INCIDENTE

La vittima o un testimone segnala l'episodio.

2. PRIMO SUPPORTO PSICOLOGICO

Si fornisce supporto emotivo e si raccolgono le prime informazioni.

3.RACCOLTA PROVE

Si documentano fatti, chat, foto, video e testimoni.

4.COMPILAZIONE MODULO

La segnalazione viene redatta in forma chiara e accessibile.

5. PROXY REPORTING

Un tutore o operatore presenta la denuncia per conto della vittima.

6. INVIO ALLA POLIZIA / PROCURA

La denuncia è trasmessa alle autorità competenti.

7. ASSISTENZA LEGALE E PSICOLOGICA

Avvocati e psicologi seguono la persona durante il procedimento.

8. MONITORAGGIO

Si controllano gli sviluppi del caso e si forniscono aggiornamenti.

9. CHIUSURA DEL CASO

Archiviazione, giudizio o sanzione, comunicata alla vittima.

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MIDA TEHA, KUI KOGED VÕI NÄED VAENUKÕNE JA/VÕI - KURITEGU?

1. JUHTUM

Tuvastatakse võimalik vaenukõne ja/või - kuritegu

2. PSÜHHOLOOGILINE ESMAABI

Esmane tugi ja info kogumine

3.TÕENDITE KOGUMINE

Info kogumine - fotod, sõnumid, tunnistajad jne.

4.AVALDUSTE KOOSTAMINE

Vormi või veebipõhise vormi täitmine, mis edastatakse politseile.

5. POLITSEI MENETLUS

Politsei registreerib juhtumi ja alustab vajadusel kriminaalmenetlust.

6. ÕIGUSLIK JA PSÜHHOLOOGILINE ABI

Ohvrit toetakse kogu menetluse vältel - ohvriabi, volinikud, juristid.

7. JUHTUMI JÄLGIMINE

Menetluse edenemist jälgitakse ja ohvrile antakse tagasisidet.

8. JUHTUMI LÕPETAMINE

Menetlus lõpeb - määratakse karistus, hüvitis või lõpetatakse asi.

9. TÄIENDAVAD KAEBEVÕIMALUSED

Ohver võib vaidlustada või pöörduda järelevalve-asutuste poole

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WHAT TO DO IF YOU EXPERIENCE OR WITNESS HATE SPEECH AND/OR A HATE CRIME?

1. INCIDENT

A possible case of hate speech and/or a hate crime is identified.

2. PSYCHOLOGICAL FIRST AID

Initial support and information gathering.

3.COLLECTION OF EVIDENCE

Gathering information – photos, messages, witnesses, etc.

4. PREPARATION OF STATEMENTS

Completing a form or an online form that is forwarded to the police.

5. POLICE PROCEDURE

The police register the incident and, if necessary, initiate criminal proceedings.

6. LEGAL AND PSYCHOLOGICAL ASSISTANCE

The victim is supported throughout the proceedings – victim support, spokespeople, lawyers.

7. CASE MONITORING

The progress of the proceedings is monitored and feedback is provided to the victim.

8. CLOSURE OF THE CASE

The procedure ends – a penalty or compensation is imposed, or the case is closed.

9. ADDITIONAL APPEAL OPTIONS

The victim may appeal or contact supervisory authorities.

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КАКВО ДА НАПРАВИТЕ, АКО СТЕ СТАНАЛИ ЖЕРТВА ИЛИ СВИДЕТЕЛ НА ЕЗИК НА ОМРАЗАТА И/ИЛИ НА ПРЕСТЪПЛЕНИЕ ПОРОДЕНО ОТ ОМРАЗА ?

1.ИНЦИДЕНТ

Потърпевшият или свидетел подава сигнал до 112, в районното управление на МВР или на доверено лице/ социален работник.

2.ПСИХОЛОГИЧЕСКА ПЪРВА ПОМОЩ

Оказва се емоционална подкрепа, осигурява се безопасност и се събират първоначални данни.

3.СЪБИРАНЕ НА ДОКАЗАТЕЛСТВА

Събират се снимки, видеа, скрийншоти, медицински документи и свидетелски показания.

4.ПОПЪЛВАНЕ НА ЖАЛБА

Жалбата се изготвя в ясен и разбираем формат с помощ от социален работник, настойник или НПО.

5. ПОДАВАНЕ ЧРЕЗ ПЪЛНОМОЩНИК / С ПОДКРЕПА

Настойник, грижещ се човек или упълномощено лице може да подаде жалбата от името на потърпевшия.

6. ПОДАВАНЕ В ПОЛИЦИЯ / ПРОКУРАТУРА

Жалбата официално се подава в МВР или Районна прокуратура. Органите преценяват дали е налице престъплениепо Наказателния кодекс.

7. ПРАВНА И ПСИХОЛОГИЧЕСКА ПОДКРЕПА

Адвокати, психолози и социални работници подпомагат потърпевшия по време на разпити и през целия процес.

8. ПРОСЛЕДЯВАНЕ НА СЛУЧАЯ

Потърпевшият (или подкрепящото лице) получава информация за развитието на разследването и решенията на прокурора.

9. ПРИКЛЮЧВАНЕ НА СЛУЧАЯ

Потърпевшият се уведомява за резултата: прекратяване, административна санкция или дело.

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Annex E: Template Letters

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COMBATING HATE SPEECH AND HATE CRIMES AGAINST INDIVIDUALS WITH MENTAL DISABILITIES

Template Letter – Hate Crime Report

To:
The attention of the
Police Headquarters / Carabinieri Station / Public Prosecutor's Office of [City]

Subject: Report of a possible hate crime under Article 604-bis of the Italian Criminal Code – person with mental/intellectual disability

I, the undersigned:

Name and Surname: _____

Born in _____ on _____

Resident in _____

Phone / Email: _____

(If applicable) Legal guardian or representative: _____

Description of the facts

On ___/___/____, in _____, the person [name of the victim, if different from the reporter] was subjected to an act of discrimination or verbal/physical violence motivated by mental or intellectual disability.

Description of the facts:

_____

_____

Witnesses or supporting evidence

_____

_____

I believe that the facts described above may constitute a crime under Article 604-bis of the Criminal Code ('advocacy or incitement to discrimination or hatred'), and I request that they be evaluated by the competent Judicial Authority.





Additional requests

☐ to be informed of the developments in the proceeding;

☐ to be contacted for any hearing;

☐ to access free legal aid if applicable.

Place and date: _____

Signature: _____

(Attachments: ID document, collected evidence, possible delegation or proxy)

LETTERA MODELLO – SEGNALAZIONE DI REATO D'ODIO

Alla cortese attenzione di
Comando della Stazione dei Carabinieri / Questura /
Procura della Repubblica di _____

Oggetto: Segnalazione di possibile reato d'odio ai sensi dell'art. 604-bis del Codice Penale – persona con disabilità mentale e/o intellettiva

---

Il/La sottoscritto/a
Nome e Cognome: _____
Nato/a a: _____ il _____
Residente in: _____
Telefono / Email: _____

(eventuale) **Tutore, amministratore di sostegno o rappresentante legale:**

PREMESSO CHE

in data ___ / ___ / _____, presso _____,
la persona _____
(indicare il nome della vittima, se diverso dal dichiarante)

è stata vittima di un episodio di **discriminazione, minaccia, offesa o violenza verbale e/o fisica**, riconducibile a **motivi di odio o discriminazione legati alla disabilità mentale e/o intellettiva**.

DESCRIZIONE DEI FATTI

Descrizione dettagliata dell'accaduto (luogo, modalità, parole o azioni utilizzate, comportamento dell'autore, eventuali reiterazioni):

TESTIMONI E/O PROVE A SUPPORTO

Indicare eventuali testimoni e/o prove disponibili (fotografie, video, screenshot, messaggi, certificazioni, referti, ecc.):

RICHIESTA

Alla luce di quanto sopra, **ritengo che i fatti descritti possano integrare gli estremi del reato previsto dall'art. 604-bis del Codice Penale** ("propaganda e istigazione a delinquere per motivi di discriminazione o di odio") e/o di altri reati con aggravante dell'odio discriminatorio.

Pertanto, **chiedo** che la presente segnalazione venga:

- ☐ acquisita e registrata formalmente;
- ☐ valutata dall'Autorità Giudiziaria competente;
- ☐ approfondita mediante le opportune indagini;

e inoltre (se del caso):

- ☐ di essere informato/a sugli sviluppi del procedimento;
- ☐ di essere contattato/a per eventuale audizione;
- ☐ di poter accedere al patrocinio a spese dello Stato, qualora ne ricorrano i presupposti.

Luogo e data: _____

Firma: _____

Allegati:
☐ Documento di identità
☐ Prove raccolte
☐ Eventuale delega / procura / documentazione del tutore

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SEGNALAZIONE DI DISCORSO D'ODIO / CRIMINE D'ODIO

MODULO SEMPLIFICATO (EASY-TO-USE)

A chi invio la segnalazione: Carabinieri / Polizia / Procura

⚠️ **Se sei in pericolo immediato, chiama 112.**

---

1) Chi segnala
Nome: _____
Telefono / Email: _____ Io sono: ☐ Vittima ☐ Familiare ☐ Tutore ☐ Operatore

---

2) Persona coinvolta
Nome: _____ Età: _____ Disabilità mentale/intellettiva: ☐ Sì ☐ No

---

3) Cosa è successo (scrivi in modo semplice)

---

4) Quando e dove
Data: _____ Ora: _____ Luogo (strada, scuola, online…):

---

5) Chi ha fatto il fatto
(se lo sai)

---

6) Prove: ☐ Foto ☐ Video ☐ Screenshot ☐ Testimoni ☐ Nessuna

---

7) Vuoi aiuto: ☐ Psicologo ☐ Operatore ☐ Avvocato ☐ Tutore

Firma: _____ Data: _____

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СИГНАЛ ЗА ИЗВЪРШЕНО ПРЕСТЪПЛЕНИЕ

До: (Наименование на институцията – РУ на МВР / Районна прокуратура / ГДБОП и др.)

От:

Име и фамилия: _____, ЕГН: _____,

Адрес: _____, Телефон / Email:

_____

В качеството си на:

☐ **Потърпевш**

☐ **Свидетел**

☐ **Настойник / Попечител**

☐ **Представител на организация / друго лице, подаващо сигнала**

ОТНОСНО: Сигнал за престъпление на основание предполагаем мотив, свързан с ментално или интелектуално увреждане (чл. 162–165 НК и/или престъпления с утежняващ мотив – чл. 131, ал. 1, т. 12 НК

1. Описание на инцидента

Дата: _____

Час: _____

Място на инцидента: _____

Кратко описание на случилото се (какво точно се е случило; какви думи, действия, заплахи или физически посегателства са извършени):

_____

_____

_____

_____

2. Данни за предполагаем мотив

Моля опишете защо считате, че деянието е мотивирано от омраза срещу човек с ментално или интелектуално затруднение. (напр. обидни подмятания, унизителни изказвания, подигравки, директни препратки към състоянието на лицето):

_____

_____

_____

_____

3. Информация за извършителя (ако е известен)

Име или описание: _____

Познати взаимоотношения с пострадалия (ако има): _____

4. Доказателства

Към сигнала прилагам:

☐ **Снимки**

☐ **Видео**

☐ **Скрийншотове / чат съобщения**

☐ **Медицински документи**

☐ **Показания на свидетели**

☐ **Друго: _____**

(описание)

_____

_____

5. Данни за пострадалия (ако не сте самият пострадал)

Име: _____

Възраст: _____

Тип затруднение (ако е релевантно и с изрично съгласие):

Роля:

☐ **Настойник / Попечител**

☐ **Родител / близък**

☐ **Социален работник**

☐ **Друг: _____**

---

6. Молба към институцията

Моля:

– да бъде приет и регистриран настоящият сигнал;

– да бъде извършена проверка и при наличие на данни да се образува досъдебно производство;

– да бъде разгледан евентуалният мотив съгласно Наказателния кодекс;

– да бъда информиран/а за развитието на случая на горепосочените контакти.

7. Дата и подпис

Дата: _____ **Подпис: _____**

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ОПРОСТЕНА МОЛБА

СИГНАЛ ЗА ПРЕСТЪПЛЕНИЕ ОТ ОМРАЗА

1. До кого изпращам сигнала?

Напиши името на институцията (полиция или прокуратура):

_____

2. Кой подава сигнала?

Моето име: _____

Телефон / Email: _____

Аз съм:

☐ Потърпевш (с мен се случи)

☐ Свидетел (видях случилото се)

☐ Настойник / Попечител

☐ Друг: _____

3. Какво се случи?

Дата: _____

Час: _____

Място: _____

Опиши с прости думи какво се е случило:

_____

4. Защо мисля, че това е престъпление? **(Някой ме е нападнал, обидил или заплашил, защото имам затруднение или увреждане.)**

Напиши какво е казал/направил човекът:

_____

_____

_____

5. Кой е извършителят?

(Ако го познаваш или можеш да го опишеш.)

Име или описание: _____

6. Какви доказателства имам?

Мога да приложа:

☐ Снимки

☐ Видео

☐ Скрийншотове

☐ Медицински документ

☐ Име на свидетел

☐ Нямам доказателства

☐ Друго: _____

7. Кой е потърпевшият?

(Попълни само ако подаваш сигнал за друг човек.)

Име: _____

Възраст: _____

8. Какво искам от институцията?

☐ Да приемат сигнала

☐ Да проверят случая

☐ Да ме информират какво се случва

☐ Да разгледат дали има хейт мотив

9. Дата и подпис:

Дата: _____

Подпис: _____

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AVALDUS Vihakõne / vihakuriteo kohta

Saaja: Politsei- ja Piirivalveamet (PPA)

Esitamise viis: isiklikult jaoskonnas / e-posti teel (vihje@politsei.ee)

Kuupäev: _____

1) AVALDAJA (kes teate esitab)

- Nimi: _____
- Isikukood (või muu identifikaator): _____
- Aadress: _____
- Telefon / mobiil: _____
- E-post: _____
- Suhe ohvriga (kas teatab ohver ise või esindaja?): _____
- Kui esindaja/eestkostja/tugiisik: nimi ja kontaktid: _____
- Roll (eestkostja / tugiisik / lähedane / muu): _____

2) OHVER (kui erineb avaldajast)

- Nimi: _____
- Isikukood (kui teada): _____
- Vanus (või hinnanguline vanus): _____
- Erivajadused: (kirjeldus, nt vaimne või intellektipuue) _____

3) JUHTUMI KUUPÄEV JA AEG

- Toimus kuupäeval ja kell: _____
- Kui kestus oli pikem või korduv, märgi periood / kordumise sagedus:

  _____

4) JUHTUMI TOIMUMISE KOHT

- Linn / asula: _____
- Täpne aadress või koht (nt bussipeatus, Facebooki grupp, konkreetne veebileht):
  _____

5) JUHTUMI KIRJELDUS (palun kirjuta võimalikult täpselt)

(Kes ütles/tegi mida? Mida tegi? Mis täpselt öeldi? Kas kasutati solvavaid väljendeid, ähvardusi? Kas tegu suunati konkreetse isiku puude vms tunnuse tõttu?)

_____

_____

_____

6) TÕENDID JA LISAFAKTID

(Märgi kõik olemasolevad tõendid ja lisa need failidena või too kaasa paberil.)

- Fotod / videod: jah / ei → failide nimed: _____
- Ekraanitõmmised / kirjavahetus (chat, e-post, sotsiaalmeedia): jah / ei → _____
- Tunnistajate nimed ja kontaktid: _____
- Muud tõendid (nt füüsilised objektid): _____

7) KAHTLUSTATUD ISIK(UD)

- Kui teada: nimi (või kasutajanimi), kontakt, kirjeldus (vanus, välimus):
  _____
- Kui pole teada: palun märkida, milliseid tunnuseid te teate (hääl, keel, IP-aadress, sõnumi aeg jne):
  _____

  _____

  _____

8) OHVRI VAJADUSED JA SOOVID

- Kas ohver soovib tugiisikut / tõlki / psühholoogilist abi? jah / ei (kirjelda)

  _____

- Kas soovite, et politsei võtaks ühendust avaldajaga? jah / ei
- Kas soovite anonüümsust (võimaluse piires)? jah / ei

9) AUTENTIMINE JA ALLKIRI

Kinnitused:

- Kinnitan, et käesolev avaldus vastab minu parimatele teadmistele tõele. (jah / ei)
- Nõustun, et politsei kasutab minu esitatud andmeid uurimiseks vastavalt seadusele. (jah / ei) _____

Allkiri: _____ Kuupäev: _____

NB! Juhised ja soovitused vormi kasutamiseks

- **Salvesta tõendid kohe.** Tee ekraanitõmmised, kopeeri sõnumid ja säilita algsed failid. Kui võimalik, märgi kellaaeg ja allikas (nt Facebooki postitus, Messenger, SMS).
- **Kui ohus – helista kohe 112.** Kui tegemisele järgnes füüsiline rünnak või ohverdus on otseses ohus, kasuta hädaabinumbrit.
- **Kui ei saa ise täita:** palun laske avaldus täita eestkostjal, tugiisikul või sotsiaaltöötajal. Märkige vormil, et avalduse esitab esindaja.
- **Kaaskirjad ja lisad:** lisage e-kirjaga saatmisel kõik tõendid manustena; viidake failide nimedele vormis. Kui esitate isiklikult, võtke tõendid kaasa paberkoopia ja digikandjal.
- **Konfidentsiaalsus:** paluge vajadusel politseilt saada info, kuidas teie andmeid hoitakse ja kas teie kontaktandmed avalikult edastatakse.

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AVALDUS Vihakõne / vihakuriteo kohta

LIHTSUSTATUD VORM

1. Kes teavitab? Nimi: _____ Telefon: _____

2. Kes on ohver? Nimi: _____ Vanus: _____

Erivajadus (jah/ei): _____

3. Mis juhtus? Kirjelda lühidalt: _____

_____

_____

4. Millal juhtus? Kuupäev ja kell: _____

5. Kus juhtus? Koht: _____

6. Kes tegi? Nimi või kasutajanimi (kui tead): _____

7. Tõendid: (pildid/ekraanid) jah/ei — lisad failina

8. Tahad abi? Psühholoog / tugiisik / jurist — märgi jah/ei

9. Kes esitab avalduse? (ohver / eestkostja) Nimi: _____

Allkiri: _____ Kuupäev: _____

Annex F: Help Maps

HELP MAP – ITALIA

Progetto COMBATHATE – Supporto Psicologico, Legale ed Emergenze

🚨 Emergenze Nazionali

- Numero Unico Emergenze (Carabinieri, Polizia, Ambulanza): 112
- Emergenza Sanitaria: 118
- Violenza e stalking – Numero Verde Nazionale: 1522
- Minori in difficoltà: 19696
- Servizio antidiscriminazioni UNAR: 800 90 10 10

💬 Supporto Psicologico

- Telefono Amico Italia: 02 2327 2327
- Servizio di ascolto psicologico gratuito – Ordine Psicologi Campania: www.psicamp.it
- Help Line nazionale disabilità e salute mentale: 800 033 833

⚖️ Assistenza Legale / Diritti

- Sportello Antidiscriminazione Disabilità: 06 6779 1 (Ministero Lavoro)
- Centro Legale COMBATHATE (PUCK / MusikArt): supporto@combathate.eu

👥 Associazione Partner

Associazione “Gli Amici di Puck”
Sede legale: Corso Italia, 21 – 80056 Ercolano (Na)
Tel: 333 824 7556
Email: gliamicidipuck@gmail.com
Progetto: www.combathate.eu







КАРТА ЗА ПОМОЩ – БЪЛГАРИЯ

Проект COMBATHATE – Психологическа, правна и спешна подкрепа

🚨 Национални спешни служби

– Единен европейски номер за спешни случаи (полиция, пожарна, бърза помощ): 112
– Национална телефонна линия за деца: 116 111
– Национална гореща линия за пострадали от насилие: 0800 18 676
– Линия за хора, засегнати от трафик: 0800 20 100
– Гореща линия за изчезнали деца: 116 000
– Национален център за безопасен интернет – докладване на онлайн злоупотреби: https://www.safenet.bg

💬 Психологическа подкрепа

– Национална телефонна линия за психологическа помощ (БЧК): 0800 20 101
– Кризисни центрове за жертви на насилие (достъп чрез 0800 18 676)

⚖️ Правна помощ / Права

– Комисия за защита от дискриминация: Тел.: 02 807 30 30 | Уебсайт: www.kzd-nondiscrimination.com
– Агенция за хора с увреждания – права и защита: 02 801 51 50
– Национално бюро за правна помощ (безплатни адвокати): 0700 18 250
– Гореща линия за киберпрестъпления (ГДБОП): cybercrime@gd.mvr.bg
– COMBATHATE Legal Centre (България): support@combathate.eu

👥 Партньорска организация (България)

Сдружение “ПроВижън Интернешънъл”
Официален партньор по проекта COMBATHATE
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Телефон: 0888 122 125
Имейл: provisioninternational.office@gmail.com
Уебсайт: www.provisionbg.org

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QR-kood

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Julge küsida abi.



COMBATHATE
COMBATING HATE SPEECH AND HATE CRIMES AGAINST INDIVIDUALS WITH MENTAL DISABILITIES.

COMBATHATE on rahvusvaheline koostööprojekt, mille eesmärk on suurendada teadlikkust, tugevdada tugivõrgustikke ning arendada ühiskondlikke ja institutsionaalseid võimekusi võitluses vihakõne ja vaenukuritegudega, mis on suunatud vaimsete ja psüühiliste erivajadustega inimeste vastu.

Sulle tehti liiga?
Tea, mida teha!



Siia tuleb
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Annex G: Digital Wizard (screenshots and link)

ANNEX G — Digital Wizard (Prototype)

1. What the Digital Wizard is

The Digital Wizard is a mobile-friendly reporting tool developed within WP2 of the COMBATHATE project to support the easy, guided and accessible reporting of hate speech and hate crimes against people with mental and intellectual disabilities. It translates the paper-based icon form and proxy reporting logic into a step-by-step digital journey.

2. How the Digital Wizard works (user journey)

The Wizard follows a clear flow based on simple questions and visual choices:

- Start screen: clear purpose and 'START' button.
- WHO: victim name, reporter/proxy name and relationship; consent checkbox; reason field if the person cannot sign.
- WHAT: incident type selection via icons (e.g., insults, online hate, physical violence, discrimination, bullying/harassment, refusal of service, other).
- WHERE: location selection via icons (public transport/street, school/university, office/public service, online, home/neighbourhood).
- WHEN: date and time fields plus a short 'Notes/Other important information' box.
- Submit/confirmation: the user submits and receives confirmation that the report was received.

3. Accessibility and inclusion features

The Digital Wizard is designed according to Easy-to-Read and accessibility principles: short text, one action per screen, high-contrast layout, icons supporting comprehension, and suitability for assisted completion by guardians or support staff.

4. Testing and validation

The Digital Wizard was tested during the WP2 development phase through simulated scenarios and role-play exercises (approximately 9 users, across partners). In the absence of real-life incidents during the testing period, simulations were used to verify clarity, usability, and understanding of the steps. Feedback informed minor improvements to wording and flow.

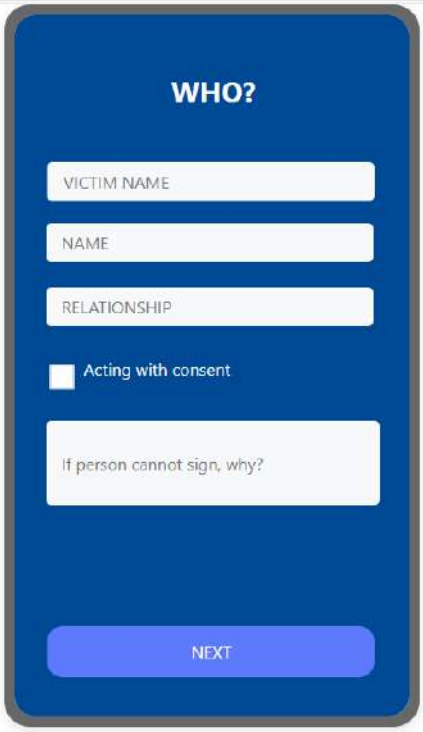
5. Access link (prototype)

The Digital Wizard prototype is available at:

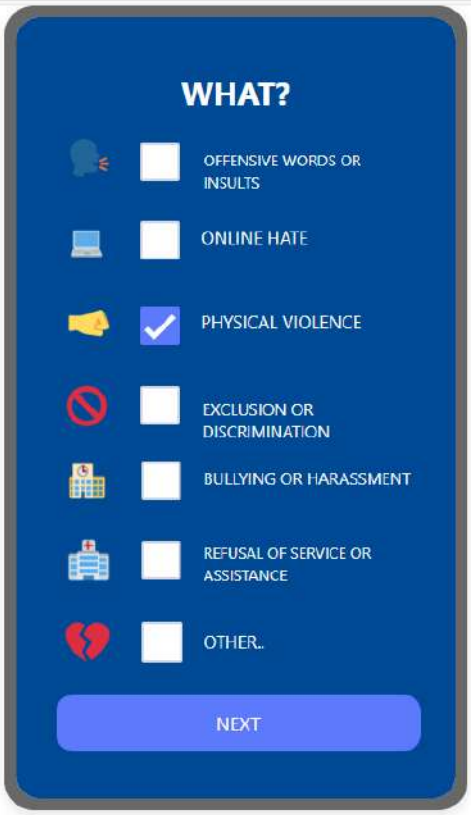
https://thunkable.site/w/A588rWsedTbGEnmUwRnuE

6. Screenshots (illustrative)

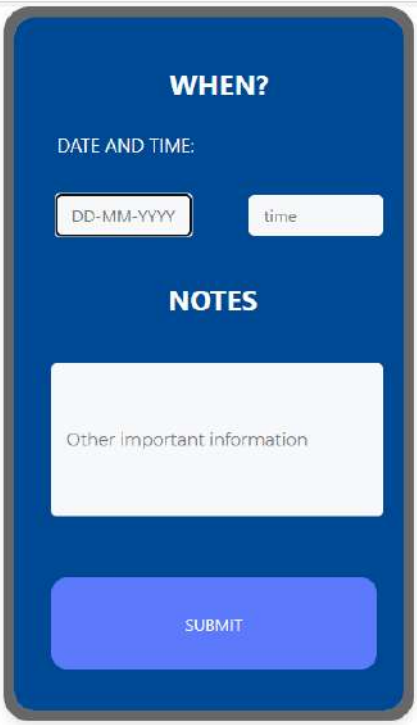
The screenshots below illustrate the main steps of the Digital Wizard (Start, WHO, WHAT, WHERE, WHEN, confirmation). They are provided for documentation purposes and correspond to the current prototype version.

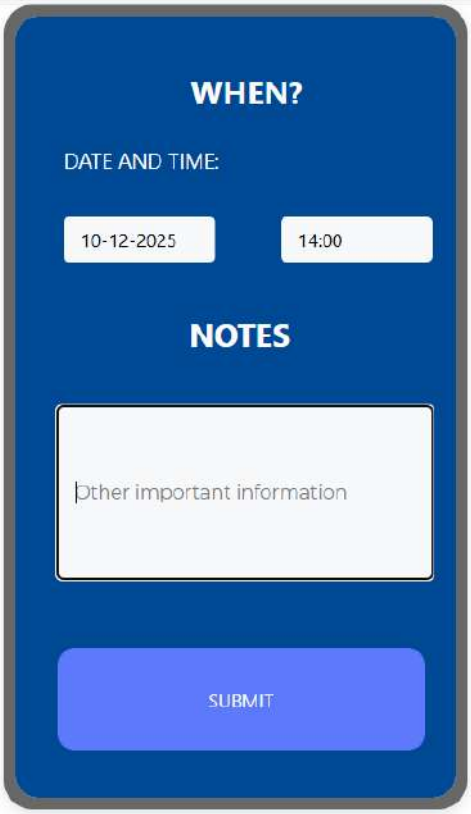

WHO?
VICTIM NAME
NAME
RELATIONSHIP
Acting with consent
If person cannot sign, why?
NEXT

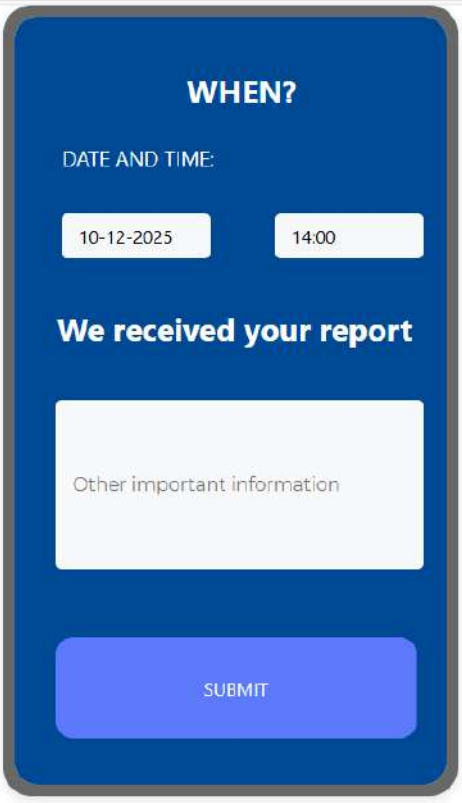

WHO?
John
Jennifer
Mother
Acting with consent
If person cannot sign, why?
NEXT

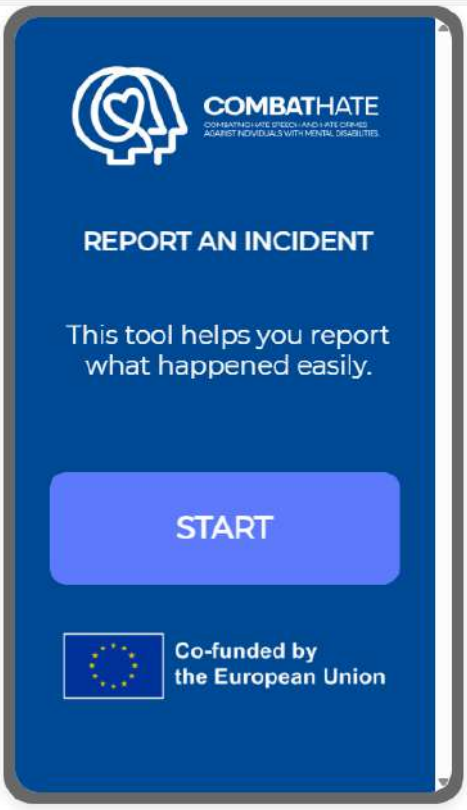

WHAT?
OFFENSIVE WORDS OR INSULTS
ONLINE HATE
PHYSICAL VIOLENCE
EXCLUSION OR DISCRIMINATION
BULLYING OR HARASSMENT
REFUSAL OF SERVICE OR ASSISTANCE
OTHER..
NEXT


WHERE?
STREET OR PUBLIC TRANSPORT
SCHOOL OR UNIVERSITY
OFFICE OR PUBLIC SERVICE
ONLINE
HOME OR NEIGHBORHOOD
NEXT


WHEN?
DATE AND TIME:
DD-MM-YYYY
time
NOTES
Other important information
SUBMIT


WHEN?
DATE AND TIME:
10-12-2025
14:00
NOTES
Other important information
SUBMIT





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