|  |
| --- |
| **Healing Journey** |
| **Has an incident occurred?** |
| Yes |  | No | If not, provide educational resource according with the different identity characteristics of the person  |
| **What is/was our role ?** |
| Service Provider |  |  |
| Witness |  |
| Survivor/Receiver |  |
| Offender |  | Provide Training Link |
| **Description:** |  |
|  |
| **Region/City:** |
|  |
| Transportation |  | Public Institution |  |  |
| Work |  | Private Institution |  |  |
| Street |  | Home |  |  |
| **Grounds:** |
|  | Gender Identity |  | Race |  | Colour |
|  | Sexual Orientation |  | Religious Beliefs |  | Ancestry |
|  | Mental Disability |  | Family Status |  | Gender |
|  | Physical Disability |  | Gender Expression |  | Age |
|  | Marital Status |  | Source of income |  |  |
| **Who was the offender?** |  |
|  |
| Who was the target? |  | Individual: |  | Community/Org: |
|  |
| **Form of violence:** |  |
| Was a crime committed: |  | Yes |  | No |
| Are you fearful of revictimization or reprisal? |  | Yes |  | No |
| **Healing Journey Part 2** |
| **Do you have a support system?** |
| Yes No |
| **How would you like to be supported? (Multiple choice)** |
| a. Counselling | c. Community Organization |  |
| b. Report to the media | d. Meet up Group |  |
| e. Reporting to the police\* (Ask about restorative justice) | f. Religious Leader/ Group |  |
| **How would you prefer the incident to be resolved? (multiple choice)** |
| a. | c. |
| b. Report | d. |
| **Would you like someone to follow up with you?** |
| Yes | No |
| **If yes, Please provide your preferred contact info: (multiple Choice)** |
| Phone (call) | Email: |
| Phone (Text) |
| ***Resources:*** |
| Training |
| Readings |