|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | |