

Minnesota Truth Council

PERSONAL INFORMATION FORM



The Advocates
FOR HUMAN RIGHTS

All information collected in this form is **voluntary**. We know that people experienced the surge differently based on their identity and the different communities to which they belong. Information about how federal immigration enforcement impacted individuals and communities differently will be helpful to the Truth Council's documentation efforts and recommendations for reform. You can **answer or decline to answer** any of the questions.

You can fill out this form on paper or speak the answers into the recording of your story.

STORY COLLECTION DETAILS (required)

Date: _____ Start time: _____ End time: _____
MM/DD/YY HH:MM HH:MM

Name of story collector: _____

Language in which the story was collected: _____

Story contributor's pronouns: _____ (e.g., she/her/hers, he/him/his, they/them/their)

We are asking for pronouns so we can refer to you correctly if you appear in the report.

FOR PUBLIC STORIES ONLY

Name of story giver: _____
First Middle Last

OPTIONAL DEMOGRAPHIC QUESTIONS

Please only answer what you are comfortable sharing with the Council. Feel free to use your own words to answer the questions rather than official or standard demographic categories.

Where do you live? (check all that apply):

- | | |
|--|---|
| ☐ Minneapolis | ☐ South Metro suburbs |
| ☐ St. Paul | ☐ West Metro suburbs |
| ☐ East Metro suburbs | ☐ Greater Minnesota |
| ☐ North Metro suburbs | ☐ Outside of Minnesota |

Specific town / area / location: _____

County: _____

Minnesota Truth Council

PERSONAL INFORMATION FORM



The Advocates
FOR HUMAN RIGHTS

OPTIONAL DEMOGRAPHIC QUESTIONS (continued):

Age range:

- ☐ Under 18
- ☐ 18-29
- ☐ 30-49
- ☐ 50-65
- ☐ Over 65

In what country were you born? _____

What is your immigration status? _____

How would you describe your race, ethnicity, and/or religion? _____

What is your sexual orientation and/or gender identity? _____

What is your occupation? _____