Report & Support Request Form

Use this form to share a concern, report an incident, or request support. You may complete as much or as little as feels right. We will respect your privacy and follow your lead on next steps.

YOUR INFORMATION

Your name / pronouns:

Your preferred contact method (if follow-up is desired):

☐ Phone ☐ Text ☐ Email

Contact info (enter here if applicable):

WHO WAS INVOLVED

Who is your report concerning? (Check all that apply and list their name if known.)

☐ Organizer

☐ Employee or Volunteer

☐ Presenter or Facilitator

☐ Other (please describe):

Name(s) of person(s) involved (if known):

INCIDENT DETAILS

Please describe what happened, including how you were impacted.

Examples: violation of consent (physical, emotional, or energetic); misuse of power or position; emotional harm or manipulation; disregard for boundaries; inappropriate behavior in a professional or community setting; racial, gender, or sexuality-based harm or microaggression.

You may also share a voice recording or written document separately if you prefer.

How are you feeling about this now? What would you like us to know?

WHAT SUPPORT OR REPAIR WOULD FEEL HELPFUL TO YOU?

Please select all that resonate.

- [ ] I want to be heard and witnessed.
- [ ] I want emotional support from a trauma-informed person.
- [ ] I would like a facilitated restorative dialogue.
- [ ] I want space from this person at future events (e.g., no-contact, not attending the same spaces).
- [ ] I would like an accountability process for this person.
- [ ] I want this person to receive education / training (e.g., NVC, consent, power & harm).
- [ ] I'd like a written apology or acknowledgment.
- [ ] I want a community-level response or statement.
- [ ] I'm not sure yet / I'd like to discuss my options.
- [ ] I do not want any action at this time.
- [ ] Other:

HOW WOULD YOU LIKE TO BE INVOLVED (IF AT ALL)?

- [ ] I want to be part of the accountability / restorative process.
- [ ] I would prefer the community handle it without my involvement.
- [ ] I want periodic updates on how it's being handled.
- [ ] I do not want further involvement.
- [ ] Other preferences:

CONFIDENTIALITY

We will respect your privacy and only share information with others based on what you consent to. Would you like to be named or remain anonymous when we reach out to others on your behalf or about this issue?