

# 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):

- |  |   |
|--|---|
| <input type="checkbox"/> Minneapolis         | <input type="checkbox"/> South Metro suburbs  |
| <input type="checkbox"/> St. Paul            | <input type="checkbox"/> West Metro suburbs   |
| <input type="checkbox"/> East Metro suburbs  | <input type="checkbox"/> Greater Minnesota    |
| <input type="checkbox"/> North Metro suburbs | <input type="checkbox"/> Outside of Minnesota |

Specific town / area / location: \_\_\_\_\_

County: \_\_\_\_\_

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### 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? \_\_\_\_\_