



Tell us what is happening at MDC Brooklyn

No names. No case numbers. You choose what to share.

Report code R-_____



dignitytoolkit.org/family-report.html

1 Who is filling this in?

☐ Family member ☐ Friend ☐ Lawyer or representative ☐ The person themselves

2 Month it happened (not the exact date)

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct
☐ Nov ☐ Dec Year: _____

3 What happened? Tick all that apply

☐ Delay in medical care	☐ Water
☐ Food	☐ Calls to lawyers
☐ Calls to family and friends	☐ Visits
☐ Transfer without notice	☐ Isolation
☐ Pressure to sign papers	☐ No interpreter
☐ Bond hearing	

4 A few numbers (leave blank if you do not know)

Days waited for medical care: _____ Days without any phone call: _____

Was a visit possible? ☐ Yes ☐ No Day of the week: _____

Was there a bond hearing? ☐ No ☐ Yes How did it end?

☐ Bond set ☐ Denied ☐ Postponed ☐ Do not know

5 In your own words (optional)

Please do not write names, A-numbers, a unit or floor, or details that could identify anyone.

Please do not write here. Names. A-numbers or case numbers. Immigration status. Medical diagnoses. The unit or floor.



Your choices

Read this, then tick what you agree to. You can say no to any of them.

- ☐ You may use my answers in anonymous numbers (counts and middle values).
- ☐ You may quote one sentence of my text, without details that identify anyone.

If you tick none, we will not use your report. This sheet stays with the report. It has no name.

R-_____

Your code

Keep this code. If you ever want to take your report back, tell us the code. Nothing here changes the help you receive.

----- ✂ CUT HERE · the part below is kept apart from the report, with no code -----

- ☐ You may contact me later (optional).

Best way to reach me (phone, WhatsApp or email):

We keep this in a separate envelope. It is never stored with your answers.

Volunteer: cut along the line. Put the top in the reports box and the bottom in the contact envelope. Never write the report code on the bottom. No photos.