

8. **How long have you been coming to the West Village?**

9. **How often do you come to the West Village?**

10. **Have you had any encounters with the police in this neighborhood?**

Yes No

If yes, how many times? (Please circle)

1-2 3-5 6-10 11-15 15 or more

11. **Where did the encounter(s) take place?** (Please circle)

Pier Bar/club Public Transport

Private Car Police Precinct Street (specify):

12. **Who was the encounter with?**

6th Precinct Port Authority Hudson River Park Officer

Don't Know Other (please explain):

13. **Were you given a reason for being stopped, approached or arrested?**

Yes No

If yes, what was the reason?

14. **During the encounter(s), did you experience police harassment, violence or misconduct?**

Yes No

If yes, what type of incident was it? (Please circle)

False arrest/fabricated charges Threatened with arrest

Verbal abuse Physical Abuse Harassment

Stop and Search Homophobic remarks Transphobic remarks

Racist remarks Sexual remarks Other (please explain):

15. **Do you feel that you were targeted by the police or profiled on the basis of your:**
(Please circle all that apply)

Race Sexual Orientation Age

Transgender Identity Gender Expression Homeless Status

Sex Worker Status Political Work Outreach Work

Disability

Other (please explain):

16. Were you injured as a result of the incident?

Minor cuts or bruises

Nerve damage

Tendon/ligament damage

Broken/fractured bones

Mental/emotional trauma

Other:

17. Was any of your property stolen or damaged during the encounter?

Yes No

If yes, please specify:

18. Were you arrested during the encounter?

Yes No

If yes, what were you charged with?

Were you given an attorney?

What did your attorney advise you to do?

What was the outcome?

How long were you held by the police?

19. Please give a brief description of the incident(s) and any other information you think is helpful:

20. Did you report this incident officially?

Yes No

If yes, to whom did you report it to? (Please circle)

CCRB (Civilian Complaint Review Board)

Precinct/Internal Affairs

Media

Advocacy Group (specify):

Other (please explain):

21. What happened as a result of your report?

22. Would you be comfortable asking the police for help if you needed it?

Explain:

23. **Are there other ways you have felt targeted/discriminated against in the neighborhood?** (Please circle)

Yes No

If yes, by whom? (Please circle)

Guardian Angels

Christopher Street Patrol

Don't Know

Other (Please explain):

24. **What are solutions to improve the situation in the West Village?**

25. **What services would be useful to you in the neighborhood?**

26. **Would you use these services if they were made available?**
(Please circle):

Yes No

27. **May we contact you again for more information?**

Yes No

**THANK YOU FOR YOUR PARTICIPATION AND
SUPPORT FOR OUR CAMPAIGN!**

***Need help with some
legal issues?***

***Have some questions
about the law?***

Are you...

Lesbian, gay, bisexual, transgender, or questioning
and 13-24 years old?

**Call the Peter Cicchino Youth Project of the
Urban Justice Center
at (646) 602-5635**