CONNECTIVE

RESTORATIVE JUSTICE NANAIMO

# Community Referral Form

Restorative justice is a voluntary process that supports accountability, repair and addressing harm. Use this form to refer yourself, or another person, to the Restorative Justice Program. Please provide the information you know; you do not need to have every answer. Submitting this form does not mean the referral has been accepted into the program. Program staff will review the information and contact the appropriate person to discuss next steps.

*** Required field.**

## 1. About the Referral

| | | | | |
|---|---|---|---|---|
| **Who are you making this referral for? *** | ☐ Myself | ☐ Someone else | | |
| **If referring someone else, what Is your relationship to them?** | | | | |
| ☐ Family/support person | ☐ Community member | ☐ Organization/agency | ☐ Other | |
| **Organization or agency name, if applicable** | | | | |
| | | | | |
| **Does the person being referred know about this referral?** | ☐ Yes | ☐ No | ☐ Unsure | ☐ N/A |

## 2. Person Being Referred

| | | | |
|---|---|---|---|
| **First and last name *** | | **Preferred name** | |
| | | | |
| **Age or date of birth, if known** | | **Phone number** | |
| | | | |
| **Email address** | | **Preferred contact method** | |
| | ☐ Phone | ☐ Text | ☐ Email |
| **Parent/guardian name, if applicable** | | **Parent/guardian contact information** | |
| | | | |

## 3. About What Happened

| | |
|---|---|
| **Please briefly describe what happened and why you are making this referral. *** | |
| | |
| **Approximate date of the incident or situation** | **Approximate Location** |
| | |

## 3. About What Happened

| | | | |
|---|---|---|---|
| **Was another person, business, organization or community affected?** | ☐ Yes | ☐ No | ☐ Unsure |

**If yes, please briefly tell us who was affected.**

## 4. Current Situation & Safety

| | | | |
|---|---|---|---|
| **Is this matter currently involving police, Crown, school, or another agency?** | ☐ Yes | ☐ No | ☐ Unsure |

**If yes, which organization or agency is involved?**

**Are there any upcoming dates, deadlines or other time-sensitive information we should know about?**

**Are there any immediate safety or contact concerns the program should know about?**

## 5. Your Contact Information

| | |
|---|---|
| **Your name *** | **Organization/agency, if applicable** |
| **Phone number** | **Email address** |
| **Preferred contact method** | **Best time to contact you, if applicable** |

☐ Phone ☐ Text ☐ Email

*Please provide at least one way for program staff to contact you.*

**Is there anything else you think would help us understand this referral?**

**Submit completed referrals to:**

nanaimojustice@connective.ca