



# Western Regional Advocacy Project

2940 16th Street, Suite 200-2 San Francisco, CA 94103

415.621.2533 / wrap@wraphome.org

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

## Introduction Script:

My name is \_\_\_\_\_ and I'm with a group called \_\_\_\_\_.

We are part of a regional campaign of groups organizing locally to stop the sweeps and criminalization of our communities. In multiple cities, we are all asking people these same questions and engaging people who want to get involved. Information gathered from this multi-city effort helps us set our campaign priorities/direction and message.

- **Do you want to be part of this?**

## I. SWEEP EXPERIENCE

1. Have you ever experienced a sweep? *Check all that apply*

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Past 24 hrs. | <input type="checkbox"/> Past week  |
| <input type="checkbox"/> Past 3 days  | <input type="checkbox"/> Past month |

2. How many times have you been swept/displaced in the last 6 months:

\_\_\_\_\_

3. **In the most recent sweep**, were you given advance notice for the sweep?

- |   |
|---|
| <input type="checkbox"/> Yes  |
| <input type="checkbox"/> No, I did not receive notice ( <i>Skip to question 5</i> ) |

4. *If yes, how much notice were you given?*

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> 24 hours | <input type="checkbox"/> 4 days to 7 days  |
| <input type="checkbox"/> 48 hours | <input type="checkbox"/> 8 days to 13 days |
| <input type="checkbox"/> 72 hours | <input type="checkbox"/> 14 days +         |

5. How many people were impacted by the sweep?

- |                               |                              |
|-------------------------------|------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> 3-5 |
| <input type="checkbox"/> 2-3  | <input type="checkbox"/> 6+  |

6. Who conducted the sweep?

- |  |  |
|--|--|
| <input type="checkbox"/> Local Police                                      | <input type="checkbox"/> Parking Enforcement |
| <input type="checkbox"/> State Police                                      | <input type="checkbox"/> Private security    |
| <input type="checkbox"/> Park & Recreations Police / Land Management Staff | <input type="checkbox"/> Sanitation          |
| <input type="checkbox"/> Other: _____                                      | <input type="checkbox"/> Service Provider    |

7. What was the reason given for the sweep? *Please explain*

\_\_\_\_\_

8. Prior to the sweeps, were you aware of any rights that protect your property or your presence in public space?

- Aware**
- Somewhat Aware*
- Somewhat Unaware*
- Totally Unaware**

9. Were those rights respected?

- Respected**
- Somewhat Respected*
- Somewhat Disrespected*
- Totally Disrespected**

10. Were you threatened with arrest, citation, warrant check or any violence during the sweep?

*If yes, please explain*

- NO**
- Arrest*
- Citation*
- Warrant Check*
- Violence*
- Other*

## II. PERSONAL PROPERTY

11. Was your personal property thrown away?

- Yes
- No

12. Was your property offered to be put into storage?

- Yes
- No

13. If yes, were you given clear instructions on how to retrieve your property?

- Yes \_\_\_\_\_
- No \_\_\_\_\_

14. Did you actually receive it in good condition? *Please explain*

- Yes \_\_\_\_\_
- No \_\_\_\_\_

## III. VEHICLES

15. Did the sweep include your vehicle?

- Yes \_\_\_\_\_
- No (*Skip to question 17*) \_\_\_\_\_

16. If so, was it towed?

- Yes \_\_\_\_\_
- No \_\_\_\_\_

17. If yes, were you given clear instructions on how to retrieve your vehicle and property?  
Did you actually receive it in good condition? Please explain

\_\_\_\_\_

18. If you couldn't get your vehicle back after it was towed, why? Please explain

\_\_\_\_\_

\_\_\_\_\_

**IV. AFTER THE SWEEP**

19. Were you given orders to stay out of that area after the sweep?

- Yes
- No

20. Where did you end up following the sweep? *Check all that apply*

- Streets
- Vehicular housing
- Shelter
- Friends
- Other: \_\_\_\_\_

21. Did you receive a referral for services or housing offered to you before, during, or after the sweep? *Please explain*

- No Referral** (*Skip to question 22*)
- Shelter
- Sanctioned Encampment
- Tiny Home
- SRO Hotel Room
- Treatment Program
- Housing Voucher
- Housing
- Other \_\_\_\_\_

22. Did you refuse the referral? *If yes, please explain*

- Yes \_\_\_\_\_
- No \_\_\_\_\_

23. If you accepted the referral, was it successful?

- Yes
- No

24. How did the sweep(s) impact your daily life/daily routine?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. FIGHTING BACK**

25. Were you able to access legal counsel following the sweep?

- Yes
- No

26. What did you seek legal counsel for?

- Retrieve property
- Fight sweep
- Defend against citations
- Other \_\_\_\_\_

27. Do you think that you were swept because of your

- Race
  - Immigration status
  - Disability
  - Gender
  - Economic status
- (Check all that apply)

28. We're a part of 11 organizations fighting sweeps. What do you think should be our focus?

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29. What is important for the community to know so they can better understand sweeps?

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## VI. DEMOGRAPHICS

30. How long have you lived in this city?

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31. Why did you come to this city? *Please explain*

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Born / raised here | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Family             | <input type="checkbox"/> Other   |

32. How old are you?

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Under 18        | <input type="checkbox"/> 26-54 |
| <input type="checkbox"/> 18-25 years old | <input type="checkbox"/> 55+   |

33. How do you describe your race and ethnicity?

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34. How would you describe your sexuality? Check all that apply! Please add to this limited list if needed!

- |  |  |
|--|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Lesbian               |
| <input type="checkbox"/> Homosexual            | <input type="checkbox"/> Gay                   |
| <input type="checkbox"/> Queer                 | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Bisexual              | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Pansexual             |  |

35. How would you describe your gender? Check all that apply! Please add to this limited list if needed!

- |  |  |
|--|--|
| <input type="checkbox"/> Cis (sense of personal identity and gender corresponds with your assigned sex at birth) | <input type="checkbox"/> Genderqueer           |
| <input type="checkbox"/> Trans   | <input type="checkbox"/> Gender Fluid          |
| <input type="checkbox"/> Man   | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Woman   | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Non-binary  |  |

36. Are you disabled?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> yes          | <input type="checkbox"/> prefer not to respond |
| <input type="checkbox"/> No           | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> I don't know |  |
-

