

WI MMIW Task Force Key Informants/Subcommittee Interest Form

Name:

Address:

Email Address:

Contact Telephone Number:

Are you a MMIW family member or survivor? Yes No

If you are a family member or survivor and would like to make a comment or leave a testimonial. Please feel free to provide your comments or testimonial.

Click Here if wish not to share your comment publicly.

1. What is your level of engagement on the issues of MMIW?

- a. 0- Not engaged-prior to WI MMIW Task Force have not heard of MMIW
- b. 1- Slightly Engaged-Interested but not informed or engaged on the issues of MMIW
- c. 2- Somewhat engaged- expertise in one or more core issues of MMIW
- d. 3- Very engaged- fully informed on issues of MMIW and participate in the MMIW movement
- e. 4- Highly engaged -actively working to prevent/heal from issues of MMIW at personal, community, and/or policy levels

2. What is your work experience both formal (agency) and/or informal (lived) around the issues of MMIW?

3. In short answer form please describe how you plan to contribute to the efforts of the WI MMIW Task Force.

4. Why is addressing the issues of MMIW in WI important to you?

MMIW Family Member/Survivor Direct Contact Information:

If you are a survivor and/or MMIW family member your voice and input is important to us. We want to provide every opportunity for the work of the WI MMIW Task Force to be centered around the expertise of our MMIW families and survivors. We are setting aside several spaces for family and survivor voices such as: MMIW Family/Survivor Council, listening sessions, subcommittees, and written testimony via website. If you are interested in participating in any of these forms of task force work, please contact [Skye Alloway](#) or [Justine Rufus](#) and we will be in touch with you shortly.