

Non-Discrimination Policy Report of Incident

PLEASE RETURN THIS FORM TO THE
ASSISTANT DEAN OF CAREER DEVELOPMENT

EMPLOYER INFORMATION

Employer Name: _____

Address: _____

Employer Representative Involved: _____

Time/Date/Location of Reported Incident: _____

AREA OF PERCEIVED DISCRIMINATION (mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Expression |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Other (please explain) | |

DESCRIPTION

1. Please describe the incident as fully as possible. Use the back of this page or additional sheets if necessary. (Note: In describing the incident, please indicate whether you are quoting directly or are paraphrasing your memory of language used.)

2. In what way would you characterize this incident as discriminatory?

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3. How did you react to the conduct when it occurred? Did you indicate your discomfort or offense to the employer representative? If so, how did that person react?

4. Have you had any further contact with the employer or its representative regarding the incident or anything else?

5. Is there any additional information the Assistant Dean of Career Development Office should consider in evaluating this report? (Note: Please fully describe and use the back of this page if necessary.)

STUDENT INFORMATION

Name: _____

Class Year: _____

Address: _____

Phone: _____

Email: _____

Signature: _____ **Date:** _____