

**Stanford Law School Non-Discrimination Policy  
Report of Incident to the Oversight Committee**

Please return this form to the Associate Dean for Career Services.

Employer: \_\_\_\_\_

Address \_\_\_\_\_

Employer representative involved \_\_\_\_\_

Time, date and location of reported incident \_\_\_\_\_

\_\_\_\_\_

1. Area(s) of perceived discrimination:

_____ Gender	_____ Disability
_____ Race	_____ Age
_____ National Origin	_____ Family Status
_____ Sexual Orientation	_____ Religion
_____ Other (please explain) _____	

**2. Please describe the incident as fully as possible. Use back of 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.)**

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

**4. 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?**

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

**6. Is there any additional information the Oversight Committee should consider in evaluating this report? (Describe fully; use back of page if necessary.)**

Name \_\_\_\_\_ Class Yr. \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Today's Date \_\_\_\_\_