Personal Narrative for Social Disadvantage

Full Name

Enter your full name

Date

Enter today's date

Your Current Title

Enter your current title

Business Name

Enter your business name

Business Address

Enter your full business address

Phone Number

Enter your phone number (10 digits)

Email Address

Enter your email address

Situation – Where or when it happened (in business, education, or professional opportunities).

Enter your situation here

Barrier – The bias, prejudice, or obstacle you faced.

Enter the barrier here

Impact – How it limited your ability to grow or compete in your business.

Enter the impact here

Any additional impacts to your business.

Enter any additional impacts here

Signature

Add additional information on next page, if necessary.

Extra Page: Additional Impacts