

IMPACT STORY SUBMISSION FORM

| ADL Staff Info: | |
|--|--------|
| Name | Region |
| What happened? | |
| □ Bias, Bigotry, Discrimination□ Cyber Hate□ Extremism□ Anti-Semitism | |
| Description of event: | |
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| Where it happened: | |
| When it happened: | |
| How did ADL help the situation? | |
| ☐ Investigate + Report ☐ Educate + Train ☐ Advocate + Assist | |

| Detail of ADL's impact: | |
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| Media Assets obtained (photo or video): | |
| Media Assets needed (photo or video): | |
| media Assets needed (photo of video). | _ |

*We will send you a Google Drive folder to drop photos and video.

Note: Email subject line should state one or two words describing what we're fighting against in your story, and your region. (Ex. Cyber Hate-Philly)

Thanks for your submission.

All submissions will be entered into our library and we will contact you when and where we plan to bring your story to life. *Note there is limited placement.