

Name: _____

Date: _____

HRI

H X D I S A B I L I T Y I C R E C
H P T M H T T A K Y M N X N K N O
L A N G U A G E L B A Q K O M Y L
J G Y R U X F F E O P X D W W I O
L W X I P B D D Q X K N B Y A I R
E S V G E Z A S U B Q V I M L X N
S R P H Q N U Q I R E L I G I O N
B K U T U Y D G T E O P I N I O N
G M J D A W Q E Y F S J E A U M A
Z R M H L P X T J L P W B H V Z K
Q D F D I G R H W B R A C E I Q M
Q U D T T U D N G X N U O O L T Z
M M C Y Y T S I R N J I Q Q W L D
G E N D E R J C I Z N S D C E T L
D I S C R I M I N A T I O N G N M
O V G F M B K T P E G I H S U S R
C O S S T K N Y G U A R N V A X G

DISCRIMINATION

DISABILITY

ETHNICITY

EQUALITY

RELIGION

LANGUAGE

OPINION

EQUITY

GENDER

RIGHT

COLOR

RACE