

**Employee Form**

- 1. Acknowledgment of Receipt and Understanding of “Policy against Discrimination, Harassment and Sexual Misconduct”.**
- 2. Acknowledgement and Receipt of Understanding of “Ethics Policy”.**

I have read and I understand these Fulton County Policies. I understand that if I ever have any questions or concerns, I can speak to my supervisor or the Ethics Officer (State’s Attorney). I have signed and dated this acknowledgment to confirm my receipt and understanding of the policies. These policies and our Ethics Ordinance can be found on Fulton County Website.

Please respond to the following questions, circle appropriate answer and initial:

Have you read, and do you understand these policies?      Yes      No      Initials:\_\_\_\_\_

Do you have any questions about this policy?      Yes      No      Initials:\_\_\_\_\_

Do you know how to file a complaint should you ever have a problem with discrimination harassment, or sexual misconduct or if you see inappropriate behaviors at work?      Yes      No      Initials:\_\_\_\_\_

If you ever have a problem or concern regarding discrimination, harassment or sexual misconduct or ethics in the workplace, please list who within our organization you can address your concerns with:      1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
Initials: \_\_\_\_\_

Are you aware of any behaviors going on either in our workplace or outside the workplace that may impact the workplace and that are inconsistent with these policies?      Yes      No      Initials:\_\_\_\_\_

Employee Name (Print):\_\_\_\_\_

Employee Signature:\_\_\_\_\_

Date: \_\_\_\_\_

I certify that the above person has received the following Policies and that I have reviewed this checklist with him/her.

1. Policy against Discrimination, Harassment and Sexual Misconduct
2. Ethics Policy

Supervisor Name (Print):\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: