

Elected Official/Supervisor Form - Acknowledgment of Receipt and Understanding of:

- 1. Policy against Discrimination, Harassment and Sexual Misconduct.**
- 2. 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 the Ethics Officer (State's Attorney) or the Fulton County Board Chair. 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? Yes No 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 this policy? Yes No Initials:_____

Supervisor/Elected Official Name (Print):_____

Supervisor/Elected Official Signature:_____

Date: _____