

**ORGANIZATIONAL UNIT 2800**

**WORKPLACE VIOLENCE PREVENTION POLICY**

**EMPLOYEE ACKNOWLEDGEMENT FORM**

**The Workplace Violence Prevention Policy includes important information regarding the definition of workplace violence, the procedures to be followed in reporting/witnessing/reacting to violence in the workplace, and the responsibilities of various people in the department. I understand that it is my responsibility to read this policy and to abide by it.**

**My signature below indicates that I have received a copy of the Workplace Violence Prevention Policy.**

**EMPLOYEE'S NAME (Printed):** \_\_\_\_\_

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

This form needs to be completed by the employee and the original sent to the Human Resources Manager (Courts) Room 104.