

Town of Greenfield, Massachusetts

SEXUAL HARASSMENT POLICY RECEIPT

Name: _____

Job Title: _____

Department, Office, or Board: _____

I have received a copy of, and have read, the Town of Greenfield's Sexual Harassment Policy (February 15, 2000 revision). I have also received a copy of the Town of Greenfield's Sexual Harassment Complaint and Investigation Procedures and a Complaint Form.

I understand that if I have any questions regarding this policy I should contact my immediate supervisor, Department Head, the Equal Employment Officer, or the Director of Human Resources for clarification.

Signature

Date

Note: Return signed receipt form to the Human Resources Department