## COUNTY OF VOLUSIA NO HARASSMENT POLICY AND EQUAL EMPLOYMENT OPPORTUNITY AND SEXUAL HARASSMENT POLICY REVIEW

Print Employee Name Employee ID#
After the supervisor reviews the No Harassment Policy and the Equal Employment Opportunity and Sexual Harassment Policy with the employee, the employee will circle their answer to the following questions and initial. Please initial acknowledgement on question #4.
Do you understand each of these policies?
Yes No (Employee Initials)
2. Do you know how to file a complaint if you ever have a problem with harassment or if you see inappropriate behaviors at work?
Yes No (Employee Initials)
3. Do you understand that you can report harassment and/or other types of inappropriate behaviors to any of the following?
* Anyone in Your Chain of Command  * County of Volusia Personnel Office  * County of Volusia Legal Department  * Internal Affairs (Sheriff or Public Protection)  * Florida Commission on Human Relations  * Equal Employment Opportunity Commission
Yes No (Employee Initials)
4. If you are aware of any behaviors that have not been addressed by management that took place (within a year from the date below) and that may impact the workplace and or cause conflict with either of these policies you must address the issue(s) with your chain of command or contact Chandra Gordon, HR Manager, Personnel @ 736-5951, x12607.
Acknowledge (Employee Initials)
5. Do you have any questions about either of these policies?
Yes No C (Employee Initials)
Employee: Cocs for J-27-12 963 Employee Signature Date Contact #
Supervisors must complete the following:
If the employee answered No to Questions 1, 2, and/or 3, did you answer the employee's question(s)?
Yes No SUM (Supervisor Initials)
If the employee answered Yes to Question 5, did you answer the employee's question(s)?
Yes No (Supervisor Initials)
Supervisor: Supervisor Name Supervisor Signature Date Contact #