

## SEX HARASSMENT POLICY RECEIPT AND REVIEW ACKNOWLEDGMENT

I, \_\_\_\_\_, certify that:  
(Please print full name)

1. I have received a copy of Weber County's Sex Harassment Policy enacted by the Board of County Commissioners on the 30<sup>th</sup> day of November, 1994;
2. I have been given time to carefully read the policy;
3. My supervisor or a County training representative has answered any questions I have regarding this policy;
4. I understand that two investigators have been appointed by the County Commission, one male and one female, to investigate sex harassment complaints, and will, to the best of their ability, honor my anonymity if I so require.
5. I have been made aware that the sex harassment hotline number is 399-8355 or 399-TELL.
6. I understand that I am encouraged to report any incident of sex harassment to my supervisor, the appointed investigators, the sex harassment hotline or the Department of Human Resources.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Social Security Number