

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 (v. 1.28.14).

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Return signed receipt form to the Human Resources Department