

Attachment B
Policy No. 601.001

DISCRIMINATION/HARASSMENT-FREE WORKPLACE POLICY
ACKNOWLEDGMENT FORM

I, _____, have received, reviewed and understand the Department of Human Resources Development (DHRD) Policy and Procedure 601.001 Discrimination/Harassment-Free Workplace Policy. I understand that this policy supersedes and replaces the Department of

_____’s _____

Policy. I also understand the reporting procedures and am aware that I can report any incidences of discrimination, retaliation and/or harassment I observe or experience to my manager, the Departmental Personnel Officer (or his/her designee), the EEO or Civil Rights Compliance Officer, or the Executive Branch Equal Employment Opportunity Office (587-1162 or eeo@hawaii.gov).

Signature

Date