

**ROCKLAND COUNTY
WORKPLACE VIOLENCE PROGRAM
POLICY ACKNOWLEDGEMENT FORM**

I hereby acknowledge the following:

- I have received a copy of Rockland County's Workplace Violence Prevention Program outlining the County's policy
- I have completed training about the policy
- I have been told the location of the policy and how to report an incident

I understand that Rockland County reserves the right to interpret, add to, or revise the policy and the policy may be subject to alteration by changes in federal or state legislation, rules, and/or regulations.

I agree to abide by Rockland County's Workplace Violence Prevention Program policies and procedures.

Employee Name (Please Print)

Employee Signature

Date

**This form will be used for manual training*