



**TOWN OF FOXBOROUGH
ANTI-HARASSMENT POLICY RECEIPT
2017**

Please respond to the following questions:

1. Do you understand the policy that you have just read? _____
2. Do you understand the process for filing a complaint? _____
3. Do you understand your responsibilities for a harassment-free workplace as outlined in this policy (e.g., not to engage in harassing behavior, to report instances of potential harassment, etc.)? _____
4. After reading this policy, do you believe you have been subjected to harassment as defined in this policy? _____

Employee's Signature: _____

Name (print): _____

Department or School: _____

Date: _____

Supervisor's Signature: _____

**PLEASE RETURN SIGNED ORIGINAL TO ASSISTANT TOWN
MANAGER**