

CERTIFICATE OF RECEIPT OF TOWN OF TYRINGHAM SEXUAL
HARASSMENT POLICY AND PROCEDURES

I _____ ACKNOWLEDGE THAT I HAVE
(PRINT NAME)

RECEIVED A COPY OF THE TOWN OF TYRINGHAM'S SEXUAL HARASSMENT
POLICY AND PROCEDURES AND THAT I HAVE READ ITS CONTENTS.

(EMPLOYEE SIGNATURE)

(DATE)

(WITNESS)

*Please keep the copy of the Town of Tyringham Policy and Procedures for your records and RETURN
the certificate of receipt to: Town Clerk, Town of Tyringham, 116 Main Rd, Tyringham, MA 01264*