



SEXUAL HARASSMENT ACKNOWLEDGMENT FORMS

I have read and reviewed the sexual harassment information sheet provided to me.

EMPLOYEE NAME _____

SIGNATURE _____

DATE _____

administration
454 las gallinas ave no.131
san rafael ca 94903
415 499 8455 707 664 0850
fax 415 472 7371 707 665 0999

human resources
35 mitchell blvd. suite 5-a
san rafael ca 94903
415 444 5190 707 664 9686
fax 415 444 5194 707 664 9687