

HARASSMENT POLICY VERIFICATION FORM

I, _____ ,
(please print your name)

(check one)

An employee of _____

An adult volunteer at _____

A parent/guardian of a youth participant

have received copies of the diocesan policy on harassment. I understand that it is necessary that any complaint of harassment must be filed in writing with the **(a)** program administrator, **(b)** pastor or **(c)** Diocesan Safe Environment Office. I have had an opportunity to read the policy and am confident I understand the content and purpose.

Name of parish and program

Your signature

Date: _____