

SEASONAL EMPLOYEE

**APM 3-5 Prohibited Harassment and/or Discrimination
Acknowledgement Form**

I, (print name legibly) _____ have reviewed APM 3-5, Prohibited Harassment and/or Discrimination with my supervisor. I understand the policy, have been given a copy of the policy, and have been given the opportunity to ask questions about the policy. I understand what is expected under the policy.

I have watched the APM 3-5 video.

I understand if I have future questions or concerns, I can contact the Department of Civil Rights at 266-4910 located in room 523 of the City County Building, 210 Martin Luther King, Jr. Blvd., Madison, WI 53703.

Signed: _____ Date: _____

Supervisor Name (please print legibly): _____

Department and Division: _____

Signed: _____ Date: _____

Please email the form to the Department of Civil Rights at dcr@cityofmadison.com.

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