



Workplace Harassment & Workplace Violence Acknowledgment Form

As a staff member or volunteer of the YMCA of Newfoundland and Labrador:

- I have completed training on Workplace Harassment & Workplace Violence
- I am aware of the Harassment Prevention Plan
- I understand my personal responsibility and the actions required by me.

Employee or Volunteer

Name:

(Please print)

Position:

Department:

Signature

Date:

(Day/Month/Year)

Facilitator

Date:

(Day/Month/Year)