

**SUWANNEE COUNTY SCHOOL BOARD
EMPLOYEE ACKNOWLEDGEMENT FORM**

Reporting Wrongdoing on the Employee Protection Line®

To help you report workplace wrongdoing easily and without fear, your organization has several outlets available. Your organization has also arranged with an independent third party to provide a valuable benefit for you – the Employee Protection Line®. The Employee Protection Line® allows you to report wrongdoing without giving your name or identifying yourself in any way. You may use the toll-free Employee Protection Line® 24 hours a day, seven days a week. Your call will not be traced.

It is important, when leaving a message on the Employee Protection Line®, that you provide enough information so that appropriate action can be taken. Tell what has happened, including dates, times and the full names of witnesses. Your report will be kept as confidential as possible and will be treated with the seriousness it deserves.

Do not use the Employee Protection Line® for pranks, jokes, or untrue claims.

If you experience difficulties with the system, if you need help with the system, or if you do not have access to a touch-tone phone, call (800) 576-5262 and follow the verbal instructions.

Instructions for Using the Employee Protection Line®

1. Prepare what you want to say.
2. Have your organization’s Employee Protection Line® organization code close at hand. Your organization’s Employee Protection Line® organization code is _____.
3. Using a touch-tone phone, dial (800) 576-5262 and listen to the first message.
4. You will be instructed to enter your organization’s Employee Protection Line® organization code. Enter your organization code when prompted.
5. Listen carefully to the second message; at the tone, speak slowly and clearly.
6. You will be required to give your organization’s name (and location, if applicable), but you may leave a message without giving your name or identifying yourself in any way.
7. You will have five minutes to speak. If you need more time, call back.
8. Your message will be recorded for accuracy, but the tape will remain in the custody of the third party. A written transcript of your report will be sent to a team of neutral employees in your organization that have been chosen and trained to receive these reports. The third party will not knowingly send your report to anyone named in the report.

Acknowledgement

The undersigned acknowledges that he or she has read (or has been read) and understands the information regarding the Employee Protection Line®, including how to use the Employee Protection Line®. The undersigned agrees to report sexual or racial harassment, discrimination, or any other form of workplace wrongdoing.

(Print Name)

(Signature)

(Date)

(Witness)