

**MEMORANDUM**

TO: All Employees and Employees of Elected Officials

FROM: Mayor Tom Page

IN RE: City of Chester's Policy against Discrimination, Harassment and Sexual Misconduct

DATE: \_\_\_\_\_, \_\_\_\_\_

Attached is a copy of the City of Chester's Policy Against Discrimination, Harassment and Sexual Misconduct which was adopted by Ordinance on \_\_\_\_\_, 2017. All employees of the City of Chester and of elected officials of the City of Chester are required to review the policy, acknowledge receipt of same and comply with it as a condition to continued employment.

Your supervisor will review this policy with you, and you will be asked to complete the Acknowledgement at the end of this policy. Please return the completed Acknowledgement to your supervisor.

**ACKNOWLEDGEMENT OF RECEIPT AND  
UNDERSTANDING OF POLICY AGAINST DISCRIMINATION,  
HARASSMENT AND SEXUAL MISCONDUCT**

Effective \_\_\_\_\_, 2017, the City of Chester implemented a Policy Against Discrimination, Harassment and Sexual Misconduct.

Remember: It is your responsibility to read, understand, and abide by this policy and procedure. If you have any questions or concerns, please speak to your supervisor, the Ethics Officer or the City Attorney. Please sign and date this memo to acknowledge that you have received and understand the policy.

Please respond to the following questions, circle appropriate answer and initial:

Have you read, and do you understand this policy?      Yes    No    Initials: \_\_\_\_\_

Do you have any questions about this policy?      Yes    No    Initials: \_\_\_\_\_

Do you know how to file a complaint should you ever have a problem with discrimination, harassment, sexual misconduct, retaliation or if you see inappropriate behaviors at work?      Yes    No    Initials: \_\_\_\_\_

If you ever have a problem or concern regarding discrimination, harassment, sexual misconduct or retaliation in the workplace, please list three individuals within our organization who you can address your concerns with:

1) \_\_\_\_\_; 2) \_\_\_\_\_; 3) \_\_\_\_\_  
Initials: \_\_\_\_\_

Are you aware of any behaviors going on either in our workplace or outside the workplace that may impact the workplace and that are inconsistent with this policy?    Yes    No    Initials: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name

I certify that the above person has received the Policy Against Discrimination, Harassment and Sexual Misconduct, and that I have reviewed this checklist with him/her.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date