

**CITY OF SANTA CLARITA
POLICY AGAINST HARASSMENT, DISCRIMINATION,
AND RETALIATION
ACKNOWLEDGEMENT OF RECEIPT**

By my signature below, I acknowledge that I have received, read and understood the City of Santa Clarita's Policy III-6.4, Policy Against Harassment, Discrimination, and Retaliation, and I will abide by its terms. I understand that failure to fully comply with all terms set forth in the Policy may lead to disciplinary action, up to and including termination.

Name (PLEASE PRINT)

Signature

Date