



**DEPARTMENT OF JUVENILE JUSTICE  
RECEIPT OF SEXUAL HARASSMENT  
ACKNOWLEDGMENT OF RECEIPT**

This is to acknowledge that I understand it is my responsibility to read and adhere to the DJJ Policy on Sexual Harassment and Discrimination and Department of Management Services Personnel Management System 60L-36.004, Florida Administrative Code regarding Sexual Harassment. If I need assistance on how to access DJJ policies and procedures or have any questions, I am to contact my supervisor.

Should I have a complaint of sexual harassment and/or need to report an instance of sexual harassment, I understand that I should contact any Manager/Supervisor, or the Equal Employment Officer in the Bureau of Human Resources at (850) 717-2654.

I also understand that this signed acknowledgement of receipt will become a permanent part of my official personnel file.

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\* Acknowledging receipt of this document in the department's electronic acceptance system substitutes as your signature. Provision within the Florida's Electronic Signature Act of 1996 and the Uniform Electronic Transaction Act, both provide that digital signatures or attestations may be substituted for the signature, unless otherwise provided by law (see section 668.004, F.S. and subsection 668.50(7), F.S.).

Please print for your records.