SAMPLE 2

Employee Acknowledgement

Non-Retaliation Policy

Complaints and concerns regarding questionable accounting or auditing matters are made on an anonymous basis, however employees are encouraged to provide a password so that <Your Organization> and the employee can conduct an anonymous dialogue in the event further information is needed to pursue an investigation. In any case, the identity of the employee making a report will be maintained in confidence in accordance with applicable legal requirements.

<Your Organization> will not allow any form of harassment or retaliation to be made against any employee for any such reports made in good faith.

By signing below, I acknowledge that I have received a copy of the company's policy and reporting procedures.

Signature

Date

Printed Name

.....

Employee ID number

IMPORTANT:

AFTER SIGNING THIS FORM, FAX A COPY (NO COVER SHEET) TO 1.866.xxx.xxxx AND KEEP A COPY FOR YOUR REFERENCE