



Richmond Fire Department Whistleblower Protection Policy Employee Acknowledgement

*I confirm that I have received, read and understand the "Whistleblower Protection Policy" for employees of the **Richmond Township Fire Protection District**.*

*I understand that as an employee, it is my responsibility to abide by this Policy. If I have questions about the Policy, I understand it is my responsibility to seek clarification from the proper supervisory department, the Auditing Official or the State's Attorney of **McHenry County**.*

Print Name: _____

Employee Signature: _____

Date: _____