



**PREVENTION OF WORKPLACE DISCRIMINATION,  
HARASSMENT & RETALIATION POLICY  
ACKNOWLEDGEMENT FORM**

I have read and understand the provisions of the Port of Newport Prevention of Workplace Discrimination, Harassment & Retaliation Policy adopted 2020.02.25. I have been instructed how to obtain the current programs, policies and plans of this policy.

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**Name (Printed)**

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

\_\_\_\_\_  
**Date**