



Town of Foxborough
Workplace Violence Training
Acknowledgement Receipt

I acknowledge that I received the Workplace Violence Policy Training on _____ (date). I acknowledge that this training is an acknowledgement receipt. I agree to abide by the principles explained in this training. I understand that if I have any questions not addressed in this training or if I encounter any problems, I can contact the Human Resources Director or Town Manager.

Board/Committee Member Name (Please Print)

Board/Committee Member Signature

Date