

**STATE OF HAWAII**  
**DEPARTMENT OF HAWAIIAN HOME LANDS**

I hereby acknowledge that I have received the Department of Human Resources Development *Workplace Violence Program* Policy No. 800.002, and the Department of Hawaiian Home Lands' Workplace Violence Action Plan.

\_\_\_\_\_  
Employee Name ( Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Original – Departmental Personnel Office