

ACKNOWLEDGMENT FORM

This is to acknowledge that I have read and understand the following documents:

1. The "Martin Law" O.C.G.A. 16-6-5.1.
2. Standard Operating Procedure IK01-0006 entitled "Investigations of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment."
3. Standard Operating Procedure VH81-0001 entitled "Medical Management of Suspected Sexual Abuse".
4. Standard Operating Procedure VG01-0014 entitle "Mental Health Management of Suspected Sexual Abuse."

I understand completely that the Georgia Department of Corrections' rules **strictly prohibit personal dealings with sentenced females** which include, but is not limited to, giving or receiving any article or item, to any sentenced female.

I understand that if I violate the above GDC Standard Operating Procedures, I may be prosecuted and punished with civil or criminal penalties including fines and/or imprisonment. Additionally, I understand that if I violate these Standard Operating Procedures I may be subject to adverse action, up to and including dismissal.

Signature

Date

Printed Name

Employee's S.S.N.

Employee's ID #

This form is to be completed by the individuals identified in section VI.A.1. of SOP IG01-0003.