

**Acknowledgment of Receipt  
OP-110205 entitled  
“Employee Complaint Procedures”**

My signature below acknowledges receipt of a copy of the above titled agency Operations Memorandum or Addendum with an effective date of \_\_\_\_\_, and that it is my responsibility to review its contents and comply with any instructions/directives contained therein.

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Printed Name

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Signature

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Six-Digit DOC Employee ID Number

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Date

Please return this completed form to your facility/unit Human Resources office.

Distribution: Original to personnel file

(R 05/25)