The Employee Compliance Survey is a powerful risk management tool. Use it to avoid lawsuits that involve a manager or employee claiming “I did not know.” For example, “I did not know I could complain to HR.” Or, “I did not know this was against the company policies.”

The first thing this tool does is eliminate “I did not know” as an excuse. It then makes sure employees acknowledge that they can and are required to report wrongful conduct to management. It even goes so far as to ask if there is a problem.

We suggest this form be circulated at least two times each year. It is signed under the penalty of perjury so employees take it seriously. Any response which reveals a concern should be investigated and addressed promptly and thoroughly.
We are committed to eliminating wrongful, unsafe and unethical conduct. It is never in a company’s best interest to have managers or employees violate laws or policies, or safety or ethical standards. When properly used, this survey will allow us to maintain a trusting work environment and avoid unnecessary claims. The company is required by law not to retaliate against an employee who makes a “good faith” complaint. If you have any comments regarding the use or improvement of this survey, please let us know.

Return this document to _______________________________________________ within two days.

Please help us by answering the following questions:

1. Do you understand that our company does not tolerate sexual harassment, discrimination, safety violations and ethical misconduct?
   - [ ] Yes
   - [ ] No

2. Do you understand your ability to complain about unfair conduct, including anything related to harassment, discrimination, safety or ethics?
   - [ ] Yes
   - [ ] No

3. Do you understand that you are required to report the violation of company policies?
   - [ ] Yes
   - [ ] No

4. Are you aware of, have you witnessed, or have you been a victim of, the violation of any company policy, including those prohibiting sexual harassment, discrimination, safety violations or ethical misconduct?
   - [ ] Yes
   - [ ] No

5. Have you reported any and all workplace injuries by completing an injury report?
   - [ ] Yes
   - [ ] No

6. Is there any personnel, compliance, ethics or safety issue you have a question about or would like to discuss?
   - [ ] Yes
   - [ ] No

I declare the above to be true and correct pursuant to the penalty of perjury of the laws of the State of ___________________.

Name: ____________________________ Date: ____________________________

Signature: ____________________________________________________________________________