

**EMPLOYEE/CONTRACTOR CORPORATE COMPLIANCE PROGRAM
AND CODE OF ETHICS ACKNOWLEDGMENT FORM**

Macomb County Community Mental Health Services Board

CERTIFICATION:

I hereby certify and affirm that I have read the Macomb County Community Mental Health Board's Corporate Compliance Program and Code of Ethics. I understand both the Program and the Code and was given the opportunity to ask questions regarding the Program, the Code and their implementation.

I have also been informed of the reporting procedures applicable to potential violations of federal law, state law, the Compliance Program or the Board's Code of Ethics. I understand that I not only must personally comply with federal law, state law, the compliance program and code of ethics, but that I also must report any potential violations I discover, witness or learn of in any manner. I also understand I will not be punished or disciplined for reporting, in good faith, any violation regardless of its seriousness or the level of individual involved in the violation.

I realize committing a violation or failing to report a potential violation may result in disciplinary action such as suspension, reduction in pay, demotion with corresponding pay reduction, or termination of employment/contract.

Employee/Contractor Signature

Date

Printed Name

Witness

Witness