

Workplace Diversity Policy Form

Employee Information

Full Name

Employee ID

Department

Email

Diversity Awareness

Have you read and understood the company's diversity policy?

☐ Yes ☐ No

Feedback or concerns regarding the diversity policy (if any):

Diversity Information (Optional)

Select all diversity groups you identify with:

☐ Ethnic/Cultural background ☐ Gender Identity ☐ Disability ☐ LGBTQ+ ☐ Age Group ☐ Other

If other, please specify:

Signature

Employee Signature

Date