

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