

STAFF MISCONDUCT ABUSE STATEMENT FORM

STAFF TITLE: _____

I understand and acknowledge that I must comply with Pacific Health Systems LLC, Code of Conduct and Abuse or Misconduct program.

All laws, regulations, policies & procedure as well as any other applicable state or local ordinances as it pertains to the responsibilities of my position.

I understand that my failure to report any concerns regarding possible violations of these laws, regulations, and Policies may result in disciplinary action, up to and including termination.

I _____, as an employee of Pacific Health Systems LLC, I

hereby state that, I have never shown any misconduct nor have a history of abuse and neglect of others.

I acknowledge that I have received and read the Misconduct or abuse statement form and that I clearly understand it.

Name of Employee (print): _____

Employment Position: _____

Signature: _____ Date: _____

Who having been first duly sworn depose and say
that _____ has never been shown to have exhibited
any violent or abusive behavior or intentional or grossly negligent misconduct.
Also have never been accused or convicted to have been abused, neglected, sexually assaulted, exploited, or deprived any
person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as
evidence by an oral or written statement to this effect obtained at the time of application.

Print Name: _____ **Signature:** _____ **Date:** _____

Notary Affidavit

State of: Georgia

Sworn and subscribed before me this _____ day of _____ Year _____

Notary Seal

Notary Signature