

## STAFF MISCONDUCT & ABUSE STATEMENT FORM

- 1 I understand and acknowledge that I must comply with **Pacific Health Systems LLC's** Code of Conduct and Abuse or Misconduct Program.
- 2 I will adhere to all applicable laws, regulations, policies, and procedures, as well as any state or local ordinances related to my professional responsibilities.
- 3 I understand that failure to report any concerns or possible violations of these laws, regulations, or policies may result in disciplinary action, up to and including termination.
- 4 I hereby state that I have never engaged in any misconduct, abuse, or neglect of others, nor do I have any history of such behavior.
- 5 I acknowledge that I have received, read, and fully understand this Misconduct or Abuse Statement Form.

Name of Employee (Print): \_\_\_\_\_

Employment Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:

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