

Policy & Procedure Form



Company Name and type of business:
What state is your company located in?
How many employees? <input type="checkbox"/> less than 20 <input type="checkbox"/> Between 20- 50 <input type="checkbox"/> more than 50
What is your company's code of conduct?
What is your company's policy regarding attendance, time off and vacation time?
Does your company have specific policies regarding safety?
Will your company have policies regarding alcohol, drug-free workplace, smoking, cannabis policies
Should we include a Whistleblower policy? <input type="checkbox"/> yes <input type="checkbox"/> no
Does your company we have an anti-harassment policy? <input type="checkbox"/> yes <input type="checkbox"/> no
What is your company's privacy policy and or cybersecurity policy?
How does your company take payment for products and services?