

**USE OF FORCE  
ACKNOWLEDGEMENT FORMS**

I acknowledge that I have read the Mississippi Department of Human Services, Division of Youth Services Use of Force Policy. I know that failure to abide by this policy could result in disciplinary action up to and including termination.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
EMPLOYEE NAME  
(please print or type)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER