

# Certificate of Participation

## 2020 Sexual Harassment Prevention Training

I certify that I have carefully read and reviewed the content of, and completed, the 2020 Sexual Harassment Prevention Training pursuant to the Illinois Human Rights Act, 775 ILCS 5/2-109.

### Training Participant Information:

\_\_\_\_\_  
(Printed Name - First, Middle Initial, Last)      (Signature)\*      (Birth Month and Day)

### Training Date/Location:

\_\_\_\_\_  
(Company Name/Work Location)      (Training Date)      Training Method

\*By typing my name I have read and agree to the statements presented above.

