

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

