

# 1 Certificate of Participation 2021 Sexual Harassment Prevention Training

I certify that I have carefully read and reviewed the content of, and completed, the 2021 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

