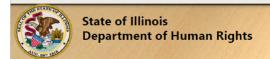
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## **Certificate of Participation Sexual Harassment Prevention Training**

I certify that I have carefully read and reviewed the content of, and completed, the 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) (Tra-	ining Date) Training Me	thod



www.Illinois.gov/DHR/Training
Helpline: (877) 236-7703
www.Illinois.gov/SexualHarassment