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 | ng Date) Training Me | ethod |

