

Certificate of Participation

Harassment and Discrimination Prevention Training

I certify that I have carefully read and reviewed the entire content of, and completed, the Harassment and Discrimination Prevention Training required under the State Officials and Employees Ethics Act (5 ICLS 430/5-10.5), including Sexual Harassment Prevention Training required under the Illinois Human Rights Act (775 ILCS 5/2-109), provided by the Legislative Reference Bureau.

Training Participant Information:

(Printed Name - First, Middle Initial, Last)

(Employed By)

(Signature)

(Date of Training)

