³⁹ Certificate of Participation 2024 Sexual Harassment Prevention Training

I certify that I have carefully read and reviewed the content of, and completed, the 2024 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 Dat | e) | Training Meth <i>Enter: Pl</i> | od DF or Training Video |



State of Illinois Department of Human Rights

www.Illinois.gov/DHR/Training

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