

# Anti-Harassment Training Completion Form

Date:

First Name:

Last Name:

Email:

Phone:

Address:

Employer:

## **I have Completed the Following:**

*All boxes must be checked. By checking these boxes, you are confirming completion of the Anti-Harassment Training.*

I have watched the video

I have read all 3 posters

I have completed the Knowledge Test Questions.

Any Comments: