
(Insert Agency/Organization Name)

NYS Sexual Harassment Prevention Training

I _____ acknowledge that I
(Insert Name of Training Participant)

participated in interactive training regarding the prevention of sexual harassment on

_____.
(date of training)

The training provided to me by _____ required that I watch the 2
(Insert Employer Name)

videos provided by New York State. I also participated in interactive training that:

- included an explanation of sexual harassment consistent with guidance issued by the Department of Labor in consultation with the Division of Human Rights
- included examples of conduct that would constitute unlawful sexual harassment
- included information concerning the federal and state statutory provisions concerning sexual harassment and remedies available to victims of sexual harassment
- included information concerning employees' rights of redress and all available forums for adjudicating complaints
- included information addressing conduct by supervisors and any additional responsibilities for such supervisors
- Provided an opportunity to ask questions

I understand that if I have any questions that were not addressed in training or if I encounter any problems, I can contact _____.

(Insert Name of Person Who Will Be Responsible for Receiving Reports of Harassment)

Employee Signature

Employee Name (Please Print)