

# Certificate of Participation 2025 Sexual Harassment Prevention Training



I certify that I have carefully read and reviewed the content of, and completed, the 2025 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)

\_\_\_\_\_  
(Birthdate mm/dd/yyyy)

\_\_\_\_\_  
(Local Union #)

\_\_\_\_\_  
(Last 4 digits of SSN)

## Training Date/Location:

**ILCJATP**  
\_\_\_\_\_  
(Company Name/Work Location)

\_\_\_\_\_  
(Training Date)

**ONLINE**  
\_\_\_\_\_  
Training Method



THE POWER TO PROTECT