Sexual Harassment Prevention Training

Certification and Follow-up Training Questions Form

Follow-up Training Questions

Our library is committed to providing a safe and healthy work place. In addition to providing sexual harassment prevention training, we encourage staff, volunteers and trustees to ask questions about how our organization addresses sexual harassment. Participants may ask questions verbally or in writing following their review of NYS training videos and case studies. Please use the reverse side of this form to write and submit your questions. The director or board of trustees will provide an answer in a timely manner, verbally or in writing.

Indicate below, by circling **Yes** or **No**, if you have follow-up questions from training videos, case studies or the library's Sexual Harassment Prevention Policy or Complaint Form.

Yes No		
		Participant's Name
Email Address	Phone Number	
Certification		
This form certifies that	·	
	Participant's Name	Participant's Title
participated in sexual h	narassment prevention training a	at our library. Training included the viewing of NYS sexual
harassment prevention	n training videos, review of case	studies including questions and answers provided, and the
opportunity to ask follo	ow-up questions about how the	library addresses sexual harassment.
, ,		,
This form certifies that		
	Participant's Name	Participant's Title
assisted the participan	t in viewing NYS sexual harassm	ent prevention training videos, reviewing cases studies including
	_	portunity to ask follow-up questions about how the library
addresses sexual haras		,
Participant Signature:_		Date of Training:
Droctor Signature:		Date of Training:
Proctor Signature:		Date of Training:

The library director or person responsible for retaining library records should file this Certification Form in a file labeled Sexual Harassment Prevention Training for permanent record.