

Anti-Harassment Policy Training Acknowledgment Record

Employee Name

Job Title

Department

Date of Training

Acknowledgment

I acknowledge that I have attended anti-harassment policy training provided by the organization. I have received information about the company's anti-harassment policy, understand the procedures for reporting harassment, and am aware of the consequences of violating this policy. I understand my responsibility in maintaining a workplace free from harassment.

Employee Signature

Date

Trainer/HR Representative

Date
