

Certification

Acknowledgement of Participation in:

2025 Harassment and Discrimination Prevention Training for State Employees and Appointees

I certify that I have carefully read and reviewed the content of, and completed, the **2025 Harassment & Discrimination Prevention Training Program for State Employees and Appointees** pursuant to 5 ILCS 430/1 et seq. Furthermore, I certify that I understand my failure to comply with the laws, rules, policies, and procedures referred to within this training course may result in disciplinary action up to and including termination of State appointment/employment, administrative fines, and possible criminal prosecution, depending on the nature of the violation.

I certify and acknowledge the above statement.

Printed Name: _____

Signature: _____

Date: _____