

**Sexual Harassment Prevention Employee Attestation**

Thank you for completing the Sexual Harassment Prevention in the Workplace online training course. Please confirm your understanding of several key points provided in the online training.

By checking each of these statements, you confirm your understanding of the following key points reviewed in the online training course:

- I should not engage in any physical, verbal, or other conduct that is either directed toward an individual or reasonably offensive to an individual because of his or her sex, including unwanted sexual attention, sexual advances, requests for sexual favors, sexually explicit comments, or other conduct of an expressed or obviously implied sexual nature.
- I should not engage in conduct that is hostile, threatening, derogatory, demeaning, or abusive or intended to insult, embarrass, belittle, or humiliate an individual *because of his or her sex*
- I am not to engage in retaliation against anyone for submitting or assisting with submitting a complaint of or reporting sexual harassment, for participating in a sexual harassment investigation or proceeding, or for otherwise opposing sexual harassment against the person who submitted the claim.
- If I believe I have been subjected to sexual harassment or retaliation in violation of the Statewide Sexual Harassment Prevention Policy I am strongly encouraged to promptly submit a complaint regarding the incident(s) to my supervisor or manager, division director, Human Resources or other agency designee or the Office of the State Inspector General if any of the above officials are the alleged harasser or retaliator, or if I have fear of retaliation by one of the above officials
- If I have witnessed or otherwise have reason to believe that another employee is being or has been subjected to sexual harassment or retaliation, I am required to promptly report this to one of the Agency officials listed in the previous bullet.
- If I am found to have engaged in sexual harassment and/or retaliation in violation of the Statewide Sexual Harassment Prevention policy. I will be subject to corrective and/or disciplinary action, up to and including termination of employment

***Please Print:***

Name	Agency	Date

Your signature \_\_\_\_\_