

Participant Training Statement
Workplace Harassment Avoidance Training

On _____, I, _____, the undersigned
Date Full Name (Please Print)

Attended a training workshop that explained Prince George's County's policies and complaint procedures pertaining to claims of workplace harassment and sexual harassment. The instructor(s) also identified the conduct that may constitute illegal harassment, how complaints of harassment should be handled, the appropriate remedies for resolving complaints, and the potential legal liability that exists for such claims.

My employment status with the County is checked below:

- _____ Classified Service Employee (Probationary or Permanent)
- _____ Permanent Exempt Service Employee
- _____ Temporary 700 Hour Employee
- _____ Provisional Employee
- _____ Other
 - _____ Bi-County Agency Employee (e.g. MNCPPC or WSSC)
 - _____ Employed Under Terms of a Limited Term Grant Funded Contract

Signature of Employee

Date

Last Four (4) Digits of Social Security Number

Position Title

Department/Agency

cc: Official Personnel File