

Sexual Harassment Training Attestation Form

SINCLAIRVILLE FREE LIBRARY

In signing this form, I attest that I received sexual harassment training within the past year with an organization that either used the NYS model training, developed by the State Department of Labor and State Division of Human Rights, OR provided training that met or exceeded the minimum standards pursuant to Section 201-g of the NYS Labor Law.

I acknowledge that I received and reviewed the library's Sexual Harassment Policy and Complaint Form. I understand and will conduct myself in a manner consistent with the library's policy and understand the library's complaint and reporting procedure.

Location/Provider of Training

Date of Training

Name (Printed)

Title/Position

Signature

Date

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