**Sexual Harassment Training Feedback Survey and  
Acknowledgment Form**

***[Name of Your Library]***

|  |  |
| --- | --- |
|  |  |
| **Training Participant’s Name (Printed)** | **Date** |

**Feedback Survey**

Indicate below, by circling Yes or No, if after completing training you understand the following:

|  |  |  |
| --- | --- | --- |
| I understand that harassment is inappropriate workplace behavior. | Yes | No |
| I understand what is considered sexual harassment and can recognize unlawful sexual harassment behavior. | Yes | No |
| I understand that harassment because of any protected characteristic is prohibited. | Yes | No |
| I understand the reasons why workplace harassment is employment discrimination. | Yes | No |
| I understand that all harassment should be reported. | Yes | No |
| I understand that supervisors and managers have a special responsibility to report harassment. | Yes | No |

Indicate below, by circling Yes or No, if you have follow-up training questions. The library director and/or board of trustees will provide answers in writing in a timely manner. Please indicate preferred method of contact.

|  |  |
| --- | --- |
| **Yes** | **No** |
|  | | |  |
| **Preferred Method of Contact** | | | **Email Address OR Mailing Address** |

|  |
| --- |
| **Follow-up Training Questions:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Note: A copy of any written response(s) will be filed with this form.**

**Acknowledgment**

In signing this form, I acknowledge that I participated in sexual harassment training provided by [***Name of Your Library***.] Training included the viewing of NYS sexual harassment training video(s), review of case studies including questions and answers provided, review of the library’s Sexual Harassment Policy and Complaint Form, completion of a training feedback survey and the opportunity to ask follow-up training questions.

I understand and will conduct myself in a manner consistent with the library’s Sexual Harassment Policy. In addition, I understand the library’s complaint and reporting procedure.

|  |  |
| --- | --- |
|  |  |
| **Participant’s Name (Printed)** | **Participant’s Title/Position** |
|  |  |
| **Signature** | **Date** |

**The library director or person responsible for retaining library records should file this completed Sexual Harassment Training Feedback Survey and Acknowledgement Form in a file labeled “Sexual Harassment Training” for permanent record.**