



Anti-Discrimination and Harassment Avoidance Record*

(Please Print)

Name: _____

Job Title: _____

Banner ID or SS#: _____

Phone Number: _____

Department: _____ Division: _____

Supervisor Name: _____

Completion Date: _____

I was informed about:

- Title VII, 1964 Civil Rights Act
- Age Discrimination in Employment Act of 1967 (ADEA)
- Americans with Disabilities Act
- Pregnancy Discrimination Act of 1978
- Governor's Executive Order 1993
- Types of Harassment/Discrimination
- Do's and Don't's
- Intent vs. Impact
- Supervisor Responsibilities
- Employee Rights
- Employee Responsibilities
- Complaint Procedure
- Who to Contact
- Consensual Relations Policy

This is to certify that the employee named above has completed the above training.

Employee's Signature

Date

Supervisor's Signature

Date

*One (1) Copy to **Risk Management, AD 050** or Mail Stop **ADM**

*One (1) Copy to **Supervisor**

*One (1) Copy for **Employee File**

Keep this record for at least three years. Store with other training records. This record must be made available upon request by State and/or Federal Inspectors.