

ACKNOWLEDGEMENT

VERIFICATION OF HARASSMENT PREVENTION TRAINING

I	verify that on		
	(Print Name)	(Date)	
College ever pla by notif if I were	's policy. I understand and ced in a situation that is de tying the appropriate author	on Training Presentation, which includes Hagerstown Commun am fully prepared to uphold the training that was presented. If med as harassment according to HCC's policy, I agree to take a ty. I am also aware that appropriate actions may be taken again in any type of situation that he/she believes is harassment as defining that he/she believes is harassment as defined as the state of the state o	I were action ast me
	Employee Signature	Date	