

**[Company Name]**  
**Supervisor Harassment and Discrimination Training**  
**[Date]**  
**[: a.m./p.m. to :00 a.m./p.m.]**  
**Conducted by [Name, Title], Instructor**

**Sign In Sheet**

I acknowledge by signing this document that I attended the two hour supervisor anti-harassment and discrimination training program and received a copy of the Policy Against Harassment.

**Print Name**

**Signature**

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