

**LEXOLUTION LLC**  
**Sexual Harassment Prevention Training Feedback Survey & Certificate**  
**Program Title: "The Respectful Workplace"**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

For each statement below, please check one responsive box.	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
This training increased my understanding of sexual harassment.					
This training provided me with examples of sexual harassment.					
This training taught me how to report sexual harassment if I personally experience or witness it.					
I understand that I will not be retaliated against if I report sexual harassment.					

Questions or comments about this training program and/or Lexolution's Anti-Harassment policy:

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If you have any additional questions or would like additional information regarding sexual harassment, this training, or our Anti-Harassment Policy, please contact Richard Osman (rosman@lexolution.net) or Scott Krowitz (skrowitz@lexolution.net).

By signing below, I confirm that I have completed "The Respectful Workplace" sexual harassment prevention training program on the date set forth below. I acknowledge that I have had the opportunity to ask questions and receive answers to my questions and provide feedback regarding the training. I further acknowledge that I have been provided Lexolution's Anti-Harassment Policy and a copy of the information presented in the training, and I agree to abide by the principles explained in the training and the Anti-Harassment Policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please promptly return a signed copy of this form to NY\_Employment@lexolution.net with the subject line, "Anti-Harassment Survey."  
 Thank you for your feedback!**