



**FOREIGN AGRICULTURAL SERVICE**

**U S D A**

**Affirmation/Confirmation of Course Completion  
Stopping Sexual Harassment Before It Starts**

*Complete this form and file on-site to receive credit for completing the course*

I, \_\_\_\_\_ have completed the *USDA 's Stopping Sexual Harassment Before it Starts Training*. As a participant/partner of USDA, I understand that I am personally expected to follow the USDA policy concerning Civil Rights, Equal Opportunity, and Diversity while carrying out USDA duties and activities. I will use my understanding and knowledge about Civil Rights, Equal Opportunity and Diversity in a manner that supports the USDA policies. I understand USDA's commitment of delivering programs and services to all people fairly and with integrity and equality. I also understand USDA's commitment of creating a better workplace for all employees and customers.

Employee/Board Member Name: \_\_\_\_\_  
(Please Print)

Employee/Board Member Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

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

*Signed form should be kept on file in the organization's headquarters office.  
If you have any questions, please call Delores Taylor at (202) 720-1789.*