



A FRANCHISEE OF BURGER KING CORPORATION

## NY Sexual Harassment Training Feedback Form

I certify that I have completed the Mandatory Sexual Harassment Training by viewing the video from the NYS website. During the video, my Supervisors/Managers were available in person to answer any questions that I had regarding the information presented in the video.

Employee Printed Name: \_\_\_\_\_

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

Date training was completed on: \_\_\_\_\_

Questions:

1. Do you understand the sexual harassment policy and where to find a copy of it and the complaint form? \_\_\_\_\_

2. Do you know your rights under this policy? \_\_\_\_\_

3. Do you have any additional comments or questions related to this training?

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