

# Workplace Violence and Harassment

This is to certify that

**Your Name**

has had general training in accordance with the  
Workplace Violence and Harassment  
regulations.

\_\_\_\_\_  
Employer Signature

Company: Thompson Rivers University

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

Certification Date: 3/3/2021

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Inc.

Trained at [www.yowcanada.com](http://www.yowcanada.com)