COMMUNITY SAFETY:
JUST SAY “NO” TO HARASSMENT
Participant Evaluation

Name (Optional) ______________________________ Date of Training: _________________________

Name of your program or school ______________________________________________________

I found this training useful □ □

I enjoyed this training □ □

I learned what harassment is □ □

I learned how to be on the look out for harassment □ □

I learned new ways to be safe in the community □ □

I learned what to do if I am harassed □ □

I learned something new today □ □

What other safety topics would you like to have more training on?

Other comments: