

LENAWEE COUNTY
STATEMENT PROHIBITING HARASSMENT

Lenawee County prohibits sexual harassment and other forms of discriminatory harassment against any person.

Sexual and/or other discriminatory harassment will not be condoned or permitted.

Sexual harassment is defined as unwanted sexual advances or visual, verbal or physical conduct of a sexual nature where submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or rejection of such conduct by an individual is used as a basis for employment decisions, or such unwelcome sexual conduct interferes with an individual's job performance or creates a hostile or offensive working environment. Sexual harassment is also a violation of union contracts.

Sexual harassment includes: unwanted sexual advances; offers of employment or other benefits in exchange for sexual favors; making, threatening reprisals or retaliation after a negative response to sexual advances/sexually suggestive behavior; visual conduct that includes leering, sexual gestures, a display of sexually suggestive objects or pictures, cartoons or posters; verbal conduct such as making or using derogatory comments based on sex or sexual comments, sexual epithets, slurs or jokes, verbal sexual advances or propositions; verbal abuse of a sexual nature, verbal commentaries or descriptions about an individual's body, sexually degrading words used to describe an individual's body, sexually degrading words used to describe an individual; suggestive/obscene letters, notes or invitations; physical touching, exposure of body parts, or other behavior of a sexual nature.

Other discriminatory harassment includes use of actions, words, jokes, comments, physical actions, epithets, slurs, use of cartoons, pictures, posters or other derogatory conduct towards an individual or group based upon sex, race, color, national origin, age, religion, disability, height, weight, marital status, familial status, or other legally protected characteristic.

If you experience or witness sexual or other discriminatory harassment (in the workplace), or retaliation for reporting a complaint of harassment or providing information related to such complaint, report it immediately to your department head. If your department head is unavailable, or you believe it would be inappropriate to contact your department head, you should immediately contact the County Administrator. Any complaints/reports may be made without fear of reprisal or retaliation. Lenawee County will not tolerate adverse treatment of or retaliation against anyone who reports harassment or provides information related to such complaints. You are encouraged to report sexual and/or discriminatory harassment before it becomes severe and pervasive.

If you need immediate protection and/or intervention, your department head or county administrator may take immediate appropriate action based on the circumstances.

All allegations of unlawful discriminatory harassment will be quickly, discretely and impartially investigated. To the extent possible, your confidentiality and that of witnesses in the alleged harassment will be protected against unnecessary disclosure. All persons participating in the investigation will be advised to maintain the confidentiality of the complaint and investigation. When the investigation is complete, you will be informed of the outcome of the investigation. During the investigation, you will be asked to and should provide a written description of the discriminatory harassment/retaliation about which you complained and identify any witnesses to the complained of conduct. Because verbal complaints to a supervisor of a vague or ambiguous nature may not give the County notice of harassment, you are strongly urged to file a written complaint with your department head and/or County Administrator. A written complaint form is attached to this Policy.

Any supervisor or manager who becomes aware of sexual or other discriminatory harassment must immediately advise their department head or County Administrator so such conduct can be investigated in a timely and confidential manner. Anyone engaged in sexual or other discriminatory harassment/retaliation will be subject to prompt disciplinary action up to and including termination of employment.

The EEOC (Federal) and Michigan Department of Civil Rights (State) are agencies charged with taking and processing complaints of discrimination. There are time limits for filing complaints which must be met. If you have questions about the agency's filing procedures and/or time limits, you should contact the agency. You may also bring a civil action for harassment/retaliation.

If you have questions about this Policy and/or sexual or other discriminatory harassment, please contact the County Administrator's Office, 264-4508. The County Administrator's Office serves as the County's Equal Employment Opportunity (EEO) office.

(Adopted February 13, 2002)

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EEO COMPLAINT FORM

Name: _____ Date: _____

Job: _____ Shift: _____

Immediate Supervisor: _____ Complaint Date: _____

Please answer the following questions as completely as possible:

1. List all events of harassment/discrimination, including the following information:

a. Who committed the alleged harassment/discrimination?

b. What exactly occurred or was said?

c. When did it occur and is it still ongoing?

d. Where did it occur?

e. How did it affect you?

2. How did you react to the harassment/discriminatory conduct?

3. What response did you make when the incident(s) occurred, or afterwards?

4. How did the harassment/discrimination affect you? Has your job been affected in any way?

5. Are there any persons who have relevant information? If so please list.

6. Was anyone present when the alleged harassment/discrimination occurred? If so please list.

7. Did you tell anyone about the alleged harassment/discrimination? If so please list.

8. Did anyone see you immediately after the episode(s) of alleged harassment/discrimination? If so, please list.

9. Did any person who harassed you harass anyone else? If so, please identify who.

10. Are there any notes, physical evidence or documentation regarding the incident(s)? If so, please list and provide same.

11. How would you like to see the situation resolved?

12. Do you know of any other relevant information?

Adverse or retaliatory treatment of any person who complains or participates in an investigation of a complaint of harassment is unlawful and a violation of County policy. If you are subject to adverse employment action or retaliation as the result of your participation in an investigation of a complaint, report the adverse treatment/retaliation immediately.

Please be sure this questionnaire contains all information regarding your complaint

Signed: _____ Date: _____

County Findings and Disposition:

Signed: _____ Date: _____
EEO Investigator

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HARASSMENT/DISCRIMINATION QUESTIONNAIRE
(for Response to Complaint)

Name: _____ Date: _____

Shift: _____ Immediate Supervisor: _____

Please answer the following questions as completely as possible

1. What is your response to the allegations of harassment?

2. If your response is that the Claiming Party's allegation(s) are false, why might the Claiming Party give false reasons?

3. Please list any persons who have relevant information about the allegations.

4. Are there any notes, physical evidence or other documentation regarding the allegations/incidents? If so, please produce.

5. Do you know of any other relevant information?

Complaints of sexual or discriminatory harassment are confidential. Do not discuss this complaint with anyone. No adverse or retaliatory action of any kind is to be taken against any person who files a complaint or participates in the investigation of a complaint of sexual or discriminatory harassment. Retaliation or adverse treatment of any such person is a violation of Company policy and will be subject to discipline up to and including discharge.

Signed: _____ Date: _____

THIRD PARTY QUESTIONNAIRE

Name: _____ Date: _____

Shift: _____ Immediate Supervisor: _____

A complaint of harassment/discrimination has been filed by _____

with respect to any incidents of harassment/discrimination directed at or involving _____
_____, please respond to the following questions as fully and completely as possible:

1. What did you see or hear?

2. When did this occur?

3. Describe the alleged behavior toward the Claiming Party and toward others in the workplace.

4. What did the Claiming Party tell you?

5. When did she/he tell you this?

6. Do you know of any other relevant information? Please provide:

7. Do you know of any other persons who have relevant information? If so, please list those persons:

8. Are there any notes, physical evidence or other documentation regarding the incident(s)? If so, please identify and provide same.

Adverse or retaliatory treatment of any person who complains or participates in an investigation of a complaint of harassment is unlawful and a violation of County policy. If you are subject to adverse employment action or retaliation as the result of your participation in an investigation of a complaint, report the adverse treatment/retaliation immediately.

Signed: _____ Date: _____