



Lenawee County Anti-Harassment Policy

Date of Adoption: February 13, 2002

Amended: February 14, 2018

Policy #2018-02

Statement Prohibiting Harassment

As it is the right of every employee to work in a non-hostile environment, it is the policy of Lenawee County that its employees shall be free from harassment of any kind. Violations of this policy shall subject the violator to discipline up to and including termination of employment

To create a work environment that is non-hostile 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 non-sexual forms of harassment are also prohibited. Other discriminatory harassment includes, but is not limited to; use of actions, words, jokes, comments, physical actions, epithets, slurs, use of cartoons, pictures, posters or other derogatory conduct toward 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. This conduct must also be severe or pervasive enough to create a hostile environment.

Each employee is responsible for reporting cases of harassment. Any employee who believes he or she is being harassed or has witnessed harassment of another employee shall report such harassment immediately, in writing, to his or her supervisor, the appropriate administrator, or elected official. Forms for filing a report are available online at www.lenawee.mi.us and from the Human Resources office.



Any supervisor or manager who becomes aware of sexual or other discriminatory harassment must immediately advise their department head, appropriate administrator, or elected official so such conduct can be investigated in a timely and confidential manner. All complaints received will be properly investigated. Any employee who has followed the complaint procedure as outlined and requires additional assistance can contact the Human Resources office or the County Administrator for guidance.

Any complaints or reports may be made without fear of reprisal or retaliation. Lenawee County will not tolerate retaliation against anyone who reports harassment or provides information related to such complaints. To that end, reports of harassment will be treated confidentially. Reports will only be shared to the extent required by law or by the necessity of conducting a thorough and effective investigation.

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 (EEOC) Office.

It is the objective of this policy to protect employees from harassment and abuse. This is not a tool for resolving personality disputes between coworkers. Allegations made by an employee with reckless disregard for the truth may subject the employee to disciplinary action.

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

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) or 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. You may attached additional pages if needed.

Signed: _____ Date: _____

County Findings and Disposition:

Signed: _____ Date: _____

EEO Investigator

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 allegations(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: _____

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: _____