

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**  
**POLICY AND PROCEDURE MANUAL**

**Date of Issue: 10/5/82**

**Section Number 283**

**Date Revised: 1/29/97; 12/9/98; 2/2/99; 9/8/05; 10/27/11; 3/24/16; 11/8/17; 7/1/20**

**Policy 283 – Harassment Policy**

**I. POLICY**

It is the policy of Southern Highlands Community Mental Health Center that all employees have a right to work in an environment free of discrimination, which encompasses freedom from harassment. Southern Highlands Community Mental Health Center strongly disapproves of harassment of its employees in any form, and states that all employees at all levels must avoid offensive or inappropriate harassing behavior at work or continuation after work and will insure that the work place is free from harassment. This includes harassment made on social media sites.

**II. DISCUSSION**

Specifically, Southern Highlands Community Mental Health Center prohibits the following:

Any verbal, written, or physical conduct that has the purpose or effect of substantially interfering with the employee's ability to do his/her job; or

Any verbal, written, or physical conduct that has the purpose or effect of creating an intimidating, hostile or offensive working environment.

**SEXUAL HARASSMENT**

Sexual advances of any type;

Request for sexual favors, whether or not accompanied by promises or threats with regard to the employment relationship;

Other verbal or physical conduct of a sexual nature made to any employee that may threaten or insinuate either explicitly or implicitly that any employee's submission to or rejection of sexual advances will in any way influence any personnel decision regarding that person's employment, evaluation, wages, advancement, assigned duties, or any other condition of employment or career development.

Other sexually harassing conduct in the facility, whether physical or verbal, committed by supervisors or non-supervisory personnel is also prohibited. This

behavior includes, but is not limited to, commentary about an individual's body, sexually degrading words to describe an individual, offensive comments, off color language or jokes, innuendoes, and sexually suggestive objects, books, magazines, photos, cartoons, or pictures.

Employees who have complaints of sexual harassment by anyone at work, including any supervisors, co-employees or visitors are urged to report such conduct in writing to their supervisor and the Human Resource Director or Chief Compliance Officer who will initiate an investigation to resolve the problem. If the complaint involves the supervisor or someone in the direct line of supervision, or if the employee for any reason is uncomfortable in dealing with his/her immediate supervisor, the employee may go to the Human Resource Director or Chief Compliance Officer, a Program Director or the Chief Executive Officer.

Southern Highlands Community Mental Health Center will investigate all complaints as expeditiously and as professionally as possible per Policy 176 (Adverse Incidents). Where investigations confirm the allegations, appropriate corrective action will be taken.

Southern Highlands Community Mental Health Center will make every attempt to maintain the information provided to it in the complaint and investigation process as confidential as possible.

There will be no retaliation against an employee for reporting harassment or assisting Southern Highlands Community Mental Health Center in the investigation of a complaint. However, if after investigating any complaint of harassment or unlawful discrimination, Southern Highlands Community Mental Health Center learns that the complaint is not bona fide or that an employee has provided false information regarding the complaint, disciplinary action may be taken against the individual who provided the false information.

### **III. PROCEDURE**

- A. All new employees will receive a copy of this policy at orientation.
- B. A copy of this policy will be posted at each work site.
- C. Any employee who has a complaint will complete the attached Harassment Complaint Form. If the employee is only documenting the first incidence of offensive behavior and that he/she has told the offending party to stop, no investigation will be completed but the report will be filed for documentation purposes.

- D. If this is the second complaint against an employee, the Chief Executive Officer or designee will begin an investigation within 48 hours.
- E. If the complaint is of such a nature that the employee feels uncomfortable confronting the offending party (i.e., supervisor or serious threats from anyone), the complainant does not need to document their telling the offending party to stop. In these instances, the complaint will be investigated immediately. The form should be completed and submitted to the Human Resource Director or Chief Compliance Officer.
- F. The Human Resource Director or Chief Compliance Officer will assign two investigators and begin all investigations within 48 hours of the complaint. The complaint will be presented to the Board of Directors at the next scheduled Board meeting.
- G. Disciplinary actions shall reflect the seriousness of the behavior, number and frequency of encounters, apparent intent of the accused, and other relevant factors. Disciplinary action described in Section 280 up to and including termination may be the result of the investigation.
- H. If behavior is criminal in nature, SHCMHC will notify local law enforcement as needed.
- I. All staff will be trained and follow the Consensual Relationship Policy (Policy 284). Staff that are in a personal or romantic relationship with another co-worker will complete the Consensual Relationship Agreement as noted in the policy (see Policy 284).

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

**HARASSMENT COMPLAINT FORM**

Southern Highlands CMHC has a zero tolerance for harassment in the workplace. All complaints of harassment will be documented and investigated in accordance with Policy Section 283.

Date of Report: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Name of Person (s) / Title Involved in Incident: \_\_\_\_\_

\_\_\_\_\_

Date Reported to Supervisor or HR: \_\_\_\_\_

Brief Description of Incident (attach sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Suggestion for Resolution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses (if statement taken, please attach). Give name, address, and telephone number, if known.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and accurate. I understand that if I knowingly file a false complaint I will be subject to disciplinary action.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date received by Supervisor / HR:

\_\_\_\_\_  
Signature of Supervisor / HR Received by:

Resolution Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_