

# ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD POLICY

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Page 1

<b>CHAPTER</b> Human Resources		<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0105
<b>SECTION</b> Personnel		<b>SUBJECT</b> Personnel: Harassment in the Workplace		
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### I. APPLICATION:

- ☒ SCCCMHA Board
- ☐ SCCCMHA Providers & Sub-Contractors
- ☒ Direct-Operated Programs
- ☐ Community Agency Contractors
- ☐ Residential Programs
- ☐ Specialized Foster Care

### II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) to have zero tolerance for harassment of employees, students, volunteers, or applicants, including sexual harassment, and zero tolerance for retaliation due to making a harassment complaint or due to recipient rights activity.

### III. DEFINITIONS:

- A. Complainant: An employee, group of employees, student, volunteer, or applicant for employment who feels subjected to and/or observes harassment of any kind, to include sexual harassment.
- B. Discrimination: Means discriminatory or unequal treatment of an individual on the basis of age, color, marital status, national origin, race, religion, sex (including pregnancy, sexual orientation, or gender identity), disability or any other legally protected status.
- C. Harassment: Any unwelcome verbal or physical conduct designed to bully, coerce, embarrass, intimidate, ridicule, taunt, or threaten an employee, student, or volunteer of SCCCMHA. Harassment may include any of the following means: audio recordings, e-mail communications, jokes, letters, photographs, physical contact, social media posts/messages, telephone calls, text messages, verbal communication, videos, or other means of communication.
- D. Immediately: Means without delay; on the same day.
- E. "Quid pro quo": Means "something for something." When related to sexual harassment, this usually involves supervisors who use:
  - 1. Threats such as issuing a negative evaluation, blocking a promotion/transfer, or terminating employment if a person does not go along with the supervisor's sexual advances.

<b>CHAPTER</b> Human Resources	<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0105
<b>SECTION</b> Personnel	<b>SUBJECT</b> Personnel: Harassment in the Workplace		

2. Rewards such as providing a positive evaluation, recommending a promotion/transfer, recommending a raise/step increase, or hiring a person who accepts/goes along with the supervisor's sexual advances.

F. Sexual Harassment: Is illegal discrimination covered by state or federal law. It is unwelcome behavior that is or is perceived as offensive, humiliating, uninvited, unwanted, deliberate, and generally repeated. It consists of any sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when the conduct has the purpose or effect of substantially interfering with an individual's work performance or creates an intimidating, hostile, or offensive work environment. Such harassment includes, but is not limited to:

1. Physical contact or abuse such as touching, holding, grabbing, hugging, kissing, pinching, or cornering.
2. Verbal abuse such as propositions, threats, lewd comments, offensive jokes, language, or insults.
3. Visual abuse such as offensive gestures or motions, staring at a person's body, leering, or displaying pornographic material designed to embarrass or intimidate an employee.

#### IV. STANDARDS:

- A. SCCCMHA will maintain a workplace that is free of harassment of any kind, including sexual harassment.
- B. All complaints of harassment of any kind, including sexual harassment, will be promptly and thoroughly investigated, and violations of this policy will be treated as a serious disciplinary infraction. Employees shall promptly report any incidents of harassment whether it involves them or is witnessed by them. Promptly shall mean the day of the incident, the next business day, or as soon as possible from the date of the alleged harassment.
- C. The confidentiality of employees, students, and volunteers who report harassment, or participate in a harassment investigation will be maintained, to the greatest extent possible, and individuals will not be disciplined or retaliated against for reporting harassment or participating in a harassment investigation.

#### V. PROCEDURES:

##### A. Reporting Harassment in the Workplace

##### **Complainant**

1. Pursues the following steps if the employee, student, or volunteer feels they have been harassed in the workplace.

<b>CHAPTER</b> Human Resources	<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0105
<b>SECTION</b> Personnel	<b>SUBJECT</b> Personnel: Harassment in the Workplace		

- a. Reports promptly, verbally and/or in writing, to their supervisor or the Human Resources Director, if so desired or when the complaint involves their supervisor, the details regarding the alleged harassment.
- b. Reports promptly, verbally and/or in writing, to the SCCCMHA Board Chairperson, if the complaint involves the Chief Executive Officer, the details regarding the alleged harassment.

### **Supervisor/Human Resources Director/SCCCMHA Board Chairperson**

2. Accepts the complainant's written complaint or provides the complainant the SCCCMHA Harassment Complaint Form (Exhibit A).

### **Complainant**

3. Completes the SCCCMHA Harassment Complaint Form, unless a written complaint was submitted under procedure A.1., describing the specific details of the alleged harassment, to include the date, time, and location of the alleged harassment, the name(s) of the person(s) alleged to have harassed the employee, student, or volunteer, the name(s) of any witness(es) to the alleged harassment, and the complainant's desired outcome.

### **Supervisor**

4. Submits the complaint of harassment immediately to the Human Resources Director, or Chief Executive Officer if the complaint involves the Human Resources Director. Submits the complaint of harassment to the SCCCMHA Board Chairperson if the complaint involves the Chief Executive Officer.

### **Human Resources Director/Chief Executive Officer/SCCCMHA Board Chairperson**

5. Maintains a log of all harassment in the workplace complaints.
6. Informs the complainant of their right to make a legal claim such as filing an Equal Employment Opportunity Commission or Michigan Department of Civil Rights complaint.

### **Human Resources Director**

7. Reports immediately to the Chief Executive Officer all complaints of harassment of any kind, including sexual harassment, which do not include the Chief Executive Officer. In the event the Human Resources Director receives a complaint of harassment involving the Chief Executive Officer, the Human Resources Director will report immediately to the SCCCMHA Board Chairperson the complaint of harassment.

<b>CHAPTER</b> Human Resources		<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0105
<b>SECTION</b> Personnel		<b>SUBJECT</b> Personnel: Harassment in the Workplace		

**B. Investigating Harassment in the Workplace**

**Chief Executive Officer/SCCCMHA Board Chairperson**

1. Assigns an employee or independent investigator to investigate the complaint.

**Investigator**

2. Interviews the complainant and the parties and witnesses named by the complainant.
3. Conducts the investigation of the complaint in a confidential and sensitive manner.
4. Submits their report directly to the Chief Executive Officer or the SCCCMA Board Chairperson, if the complaint involves the Chief Executive Officer.

**C. Resolution**

**Chief Executive Officer/SCCCMHA Board Chairperson**

1. Should disciplinary action be warranted, the Chief Executive Officer, or if the complaint is against the Chief Executive Officer the SCCMHA Board Chairperson in conjunction with the Personnel Committee shall initiate the process for disciplinary action consistent with the individual's contract, the labor agreement covering the individual involved, or SCCCMA policy as the case may be. The individual involved shall be afforded due process consistent with their agreement, the labor agreement, or SCCCMA policy as the case may be.
2. Considers harassment investigations confidential, and ensures all investigative documentation is secured in a locked file.
3. Does not release information concerning a complaint of harassment to third parties or to anyone who is not involved with the investigation. Information may be released under the Michigan Freedom of Information Act; however, SCCCMA will use its best efforts to keep all personal information confidential and not release such information to the extent possible under the law.
4. Takes disciplinary action against any individual who makes an intentionally/negligently false allegation against another individual.
5. Communicates to the complainant and person charged with harassment the outcome of the complaint, the action taken or plan of action proposed by SCCCMA, and the complainant's and person charged with harassment's right to appeal the outcome of or action associated with the complaint.

**D. Appeal**

<b>CHAPTER</b> Human Resources		<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0105
<b>SECTION</b> Personnel		<b>SUBJECT</b> Personnel: Harassment in the Workplace		

### **Complainant or Person Charged with Harassment**

1. Submits a written request for an appeal to the Chief Executive Officer or the SCCCMHA Board Chairperson, if the complaint involved the Chief Executive Officer, within ten business days of notice of the outcome of and action associated with their harassment complaint.

### **Chief Executive Officer/SCCCMHA Board Chairperson**

2. Reviews the request for an appeal, and makes one of the following decisions:
  - a. Upholds the investigative findings of the harassment complaint, and action taken or plan of action proposed by SCCCMHA.
  - b. Upholds the investigative findings of the harassment complaint, but administers additional action to remedy the harassment complaint.
  - c. Assigns a different employee or an independent investigator to complete a second investigation.

#### **VI. REFERENCES:**

- A. Title VII of the Civil Rights Act

#### **VII. EXHIBITS:**

- A. Harassment Complaint Form, Form #828

#### **VIII. REVISION HISTORY:**

Dates issued 02/87, 10/89, 02/91, 06/93, 10/96, 08/98, 02/01, 03/01, 10/02, 10/04, 10/06, 10/08, 10/10, 08/12, 01/14, 03/15, 03/16, 03/17, 03/18, 05/19, 03/20, 04/21, 03/22, 4/22, 3/23.

St. Clair County Community Mental Health Authority  
**Harassment Complaint Form**

**COMPLAINANT INFORMATION – Completed by Complainant**

**First and Last Name:**

**Street Address:**

**City, State, & Zip Code**

**Telephone Number:**

**COMPLAINT DETAILS – Completed by Complainant**

**Date(s) of Alleged Harassment:**

**Time(s) of Alleged Harassment:**

**Location(s) of Alleged Harassment:**

**Name(s) of Person(s) Alleged to have Harassed the Employee/Volunteer:**

**Name(s) of Witness(es):**

**Describe Your Complaint of Harassment in the Workplace:**

- What took place?
  - Who was involved in your complaint?
- If there were witnesses to your complaint, please provide their names.

**Check the type(s) of Harassment You Experienced in the Workplace:**

- ☐ Physical Harassment
- ☐ Sexual Harassment
- ☐ Verbal Harassment
- ☐ Other Harassment

**What Do You Consider To Be A Fair Solution To Your Complaint?**

- What action(s) would remedy the harassment?
- When should the action be implemented?

**INVESTIGATION DETAILS – Completed by SCCCMHA**

**Date Complaint Received:**

**Date Complaint Assigned for Investigation:**

**Investigator's Name:**

**Investigative Report Date:**

**Investigator's Signature:**