COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

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PURPOSE: The purpose of this policy is to establish a strong commitment to prohibit and to prevent unlawful harassment in employment, and to set forth a procedure for investigating and resolving internal complaints of unlawful harassment.

POLICY: Harassment of an applicant or an employee by a supervisor, management employee, County Officer, or co-worker on the basis of race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation will not be tolerated.

This policy applies to all workplace behaviors and forms and conditions of employment, including but not limited to, hiring, placement, promotion, disciplinary action, layoff, recall, transfer, leaves of absence, compensation and training. It applies to a County employee acting on behalf of the County on or off the job site.

Disciplinary action up to and including termination will be instituted for behaviors described in the definition of harassment referred to below.

Any retaliation against a person for filing a harassment charge or making a harassment complaint is prohibited. Employees found to be retaliating against another employee shall be subject to disciplinary action, which may include termination.

DEFINITION: Harassment includes, but is not limited to: Speech, such as lewd propositioning, epithets, stereotypical or derogatory comments or slurs on the basis of race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation. This might include inappropriate sex-oriented comments or appearance, including dress or physical features, or race/ethnicity-oriented stories or jokes.

Physical acts such as assault, impeding or blocking movement, or offensive touching, or any physical interference within normal work or movement when directed at an individual on the basis of race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation. This includes pinching, grabbing, patting, propositioning, leering, or making explicit or implied job threats or promises in return for submission to physical acts.

Visual insults, such as derogatory posters, cartoons, or drawings related to race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation.

Unwanted sexual advances, request or sexual favors and other acts of a sexual nature, where submission is made a term or condition of employment, where submission or rejection of the conduct is used as the basis for employment decisions, or where the conduct is intended to or

actually does unnecessarily interfere with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

COMPLAINT PROCEDURE: An employee or job applicant who believes he or she has been harassed has a responsibility to immediately make a complaint either orally or in writing with any of the following:

- Immediate supervisor;
- Any supervisor or management employee/officer within the department, including the department head;
- The Human Resources Director for the County of Riverside.

The employee or job applicant also has the right to file a complaint with the state Department of Fair Employment and Housing or the federal Equal Employment Opportunity Commission.

Any supervisor or management employee, or county officer who receives a harassment complaint shall immediately notify the Human Resources Director.

COMPLAINT INVESTIGATION: Upon receiving notification of a harassment complaint the Department Head or the Human Resources Director shall:

1. Immediately authorize and supervise the investigation of the complaint. The investigation shall, at a minimum, include interviews with the complainant, the accused harasser, and any other persons the Department Head or the Human Resources Director has reason to believe may have relevant knowledge concerning the complaint.
2. Review the factual information gathered through the investigation to determine whether the alleged conduct constitutes harassment giving consideration to all actual information and the totality of the circumstance, including the nature of the visual, verbal, and/or physical conduct.
3. Take or recommend prompt and effective remedial action against the harasser if it is determined through the investigation that illegal harassment occurred.
4. Take reasonable steps to protect the complainant from further harassment and any retribution.
5. Take action to remedy the victim's loss, if any, which resulted from the harassment.

REQUIREMENTS FOR MANAGERS AND SUPERVISORS

- Set the example;
- Provide ALL personnel updated training and information concerning illegal sexual harassment and/or sexually hostile work environment;
- Take initial complaints seriously;
- Ensure that all managers and supervisors take immediate action;
- Investigate thoroughly each complaint in accordance with the County's internal Discrimination Complaint Procedure (attached);
- Disseminate this policy to all employees;
- Post federal and state employment posters, "Harassment of Discrimination in Employment is Prohibited by Law" in conspicuous places within the department; and
- Disseminate the State of California "Sexual Harassment is Forbidden by Law" brochure to all departmental employees.

ACKNOWLEDGMENT OF MANDATORY COMPLIANCE WITH HARASSMENT POLICY

I hereby acknowledge receipt of the County of Riverside Sexual Harassment Policy. I understand that compliance with this policy is mandatory and violation of this policy may result in discipline up to and including termination.

_____ _____
Date Employee Signature

_____
Employee Name (print)

Reference:
Minute Order 3.15 dated 12.8.98
(Resolution No. 98-363)

FOLLOWING ARE: **DISCRIMINATION COMPLAINT PROCEDURE ATTACHMENT 'A'**
DISCRIMINATION COMPLAINT FORM ATTACHMENT 'B'

COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT
4080 LEMON STREET, POST OFFICE BOX 1569
RIVERSIDE, CA 92509-1569
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: (951) 781-4465

DISCRIMINATION COMPLAINT PROCEDURE

BASIS FOR FILING A COMPLAINT
Alleged illegal discrimination based on race, color, national origin, ancestry, religion, sex (including sexual orientation), age, physical disability (including HIV and AIDS), mental disability, medical condition, marital status or pregnancy, or the denial of the provision of the federal Family & Medical Leave Act to 1993 (FMLA) or the California Family Rights Act of 1991 (CRFA).

WHO MAY FILE
County employees or applicants for County employment who believe they have been adversely affected by illegal discrimination concerning any term or condition of employment such as hiring, promotion, leaves of absence, termination, etc.

COMPLAINT PROCEDURE
An employee or job applicant, who believes he or she has been harassed, has a responsibility to immediately make a complaint either orally or in writing with any of the following: immediate supervisors; any supervisor or management employee/officer within the department, including the department head; or the Human Resources Director for the County of Riverside. (Any supervisor or management employee, or county officer who receives a harassment complaint shall immediately notify the County's Human Resources Director).

The employee or job applicant also has the right to file a complaint with the state Department of Fair Employment and Housing or the federal Equal Employment Opportunity Commission.

WHEN TO FILE
A complaint which is determined to be appropriate for investigation should be filed within 90 calendar days of the alleged incidence or occurrence.

THE INVESTIGATION
The assigned investigator serves as a neutral third party in seeking the facts and attempting to determine whether illegal discrimination did take place. Consequently, the assigned investigator does not function as the advocate of the complainant nor of the County.

The Human Resources Director will evaluate the information gathered within the investigation. If the complaint is substantiated, the Human Resources Director will apprise the Department Head or other appropriate County official(s) in order to remedy the situation and eliminate the practices which caused the problem. Complainants will be advised, in writing, of findings and conclusions.

POINT TO REMEMBER
There are employment practices which may be unfair but are not illegal. Unless you have some information to support your belief of being illegally discriminated against in connection with one of the above listed bases, your complaint may not be accepted or substantiated.

You are, however, welcome to discuss your complaint with a representative of the Human Resources Department in order to examine its merits. Representatives of the Human

Resources Director, managers, officers and supervisors cannot promise confidentiality; if it appears illegal discrimination did occur, steps must be taken to affect an appropriate remedy.

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DISCRIMINATION COMPLAINT FORM
(Please Type or Print Using Ink)

I. NAME: _____ DATE: _____ / _____ / _____

ADDRESS: _____ CITY/ZIP CODE: _____

CLASS TITLE: _____ DEPARTMENT: _____

PHONE: BUSINESS ( ) _____ HOME: ( ) _____

I prefer to be contacted at: WORK ☐ HOME ☐ DAYS ☐ TIME _____ AM/PM

Person to contact if I cannot be reached: _____

Telephone number of contact person: ( ) _____

II. How do you feel you were discriminated against?

(Please indicate only those which apply)

a. Misinterpretation or misapplication of Memorandum of Understanding or Salary Ordinance: _____

b. Probationary Release: _____

c. Other (specify): _____

On what basis do you feel you were discriminated against?

(Indicate only those which apply)

a.	Race	☐	f.	National Origin	☐	k.	Religion	☐
b.	Color	☐	g.	Physical Disability	☐	l.	Pregnancy	☐
c.	Age	☐	h.	Mental Disability	☐	m.	Family Rights Act	☐
d.	Ancestry	☐	i.	Medical Condition	☐	n.	Family & Medial Leave Act	☐
e.	Sex	☐	j.	Marital Status	☐	o.	Sexual Orientation	☐

Date of occurrence which gave rise to alleged discrimination: _____ / _____ / _____

What reasons, if any, were given to you by the County for the action taken?

_____

_____

_____

III. Have you filed a grievance regarding this matter? YES ☐ NO ☐

Date grievance was filed (if applicable): _____

Organization: _____ Representative: _____

Do you have an attorney? YES ☐ NO ☐

If so, please provide name, address and telephone number:

_____

_____

Have you filed a complaint relative to this matter with any other agency?

If so, please check the appropriate space:

☐ Equal Employment Opportunity Commission Date: _____

☐ California Department of Fair Employment and Housing Date: _____

☐ Other (specify): _____ Date: _____

IV. What information do you have to indicate you were affected by discrimination? Please be as specific as possible and include all pertinent dates, names and incidents involving the alleged discrimination.

(Use the back of the page or attach a separate sheet, if needed)

Specify actions that have been taken to resolve the complaint informally:

State names, job titles and phone numbers (if possible) of witnesses you feel can provide evidence:

What action do you request the County to take?

My signature hereby authorized the assigned investigator to gather all essential information in the investigation of my complaint, and if necessary, to share this information with other parties involved in the resolution of this complaint.

_____ _____

SIGNATURE OF COMPLAINANT **DATE**