1.0 GENERAL

1.1 Harassment of or by employees or towards a member of the public, that interferes with work performance, and/or delivery of services is prohibited.

1.2 TABLE OF CONTENTS

1.0 GENERAL
2.0 DEPARTMENTS/DIVISIONS AFFECTED
3.0 REFERENCES
4.0 DEFINITIONS
5.0 POLICY
6.0 PROCEDURE
7.0 RESPONSIBILITIES
8.0 APPENDICES

2.0 DEPARTMENTS/DIVISIONS AFFECTED

This policy shall apply to all City divisions and departments.

3.0 REFERENCES

None

4.0 DEFINITIONS

4.1 Harassment is defined as any unwelcome action by any person whether verbal or physical, on a single or repeated basis, which humiliates, insults or degrades.

"Unwelcome" or "unwanted" in this context means any actions which the harasser knows or should reasonably know are not desired by the victim of the harassment.
4.2 Several examples of this type of behavior include but are not limited to the following:

- **Verbal Harassment:** Verbal threat toward persons or property; the use of vulgar or profane language toward others, disparaging or derogatory comments or slurs, verbal intimidation, exaggerated criticism, and name calling.

- **Non-Verbal Harassment:** Derogatory or offensive posters, cartoons, publications, drawings or gestures.

- **Physical Harassment:** Any physical assault such as hitting, pushing, kicking, holding, impeding or blocking the movement of another person.

5.0 POLICY

5.1 It is the City of Spokane’s policy that there shall be no harassment of or by employees, or towards members of the public as defined below.

Mutual respect must be the basis of interaction among City employees in addition to cooperation and understanding. The City of Spokane will neither tolerate nor condone behavior that is likely to undermine the dignity or self-esteem of an individual, or create an intimidating, hostile or offensive environment.

5.2 All employees are expected to abide by this policy. Anyone who violates this policy will be subject to disciplinary action up to and including discharge.

5.3 The City will not condone retaliation against anyone who files a harassment complaint or who participates in a complaint investigation.

6.0 PROCEDURE

6.1 Complaint Procedure

6.1.1 A complainant is encouraged to use the City’s complaint procedures to resolve harassment complaints. For certain harassment complaints, dealing with race, color, religion, sex, age, national origin, veteran status and disability, a complainant may also file, within certain time frames, with appropriate state and federal agencies, such as:
State of Washington

Federal Government


For Discrimination and Sexual Harassment complaint procedures, please refer to City Policies ADMIN 0620-05-016 AND ADMIN 0620-05-035.

6.1.2 The Harassment Complaint Procedures do not limit any procedures available under any existing federal or state laws.

6.1.3 Complaints may be submitted in writing or by any other means accessible to the complainant. All complaints must, however, be signed or attested to by the individual receiving the complaint and dated upon receipt. Complaint forms are available in the Human Resources Department.

6.1.4 Violations of the City’s policy against harassment will ideally be resolved at the lowest appropriate level, informally and effectively.

6.1.5 An employee exposed to harassment may assertively tell the offending person that the conduct is unwelcome and must cease immediately.

6.1.6 If the above step 6.1.5 is not effective or feasible, and the employee desires an internal resolution of the complaint, the process outlined below shall be followed:

a. The complainant should bring the issue to the complainant’s immediate supervisor’s attention in a timely manner. If the supervisor is the one engaging in the harassing behavior, or the individual does not wish to tell the supervisor, the situation must be brought to the attention of that person’s supervisor.
b. When supervisors are notified of alleged harassment, they shall immediately:

1. Document and report the incident to the Department Head.

2. Investigate the complaint.

3. Take appropriate corrective action.

4. Forward the results of the investigation to the Human Resources Director.

5. Provide official findings and comments to the complainant, in writing, within ten (10) working days of receipt of the complaint.

6.1.7 If the above step 6.1.6 is not effective, or if the complainant is not satisfied with the action taken, the issue must be brought by the complainant to the attention of the department head within five (5) working days of receipt of the supervisor’s response. The department head is responsible for further investigation and must respond in writing to the complainant within ten (10) working days of receiving the complaint. A copy of all correspondence shall be sent confidentially to the Human Resources Director.

6.1.8 Alternatively, a complaint may be submitted at any time directly to the Human Resources Director.

6.1.9 No individual will be retaliated against or otherwise adversely affected in employment as a result of making a harassment complaint or for participating in a complaint investigation or as a result of being erroneously accused of harassment.

6.2 Employee Rights

6.2.1 Employee rights with respect to harassment directed at an individual because of a protected classification (race, color, religion, sex, age, national origin, veteran status, or disability) are also protected under Washington State Law Against Discrimination, RCW 49.60, the U.S. Civil Rights Acts of 1964 and 1991, and Spokane Municipal Code Chapter 1.06.

6.3 Complainant's Responsibilities
6.3.1 Occasionally, the offender may not be aware that a behavior is offensive. If at all possible, advise the offending individual that the conduct in question is offensive, and request that it be discontinued immediately.

6.3.2 If the complainant is not comfortable talking to the offending person and/or the offending conduct continues or recurs, the matter should be immediately reported to the complainant's immediate supervisor, Department Head or the Human Resources Director.

6.3.3 Employees who see this type of behavior, hear of it, or know of its occurrence, should immediately report it to a supervisor, the department head, or the Human Resources Director.

6.3.4 Employees are required to cooperate fully in the processing of the complaint. Employees may be allowed to be accompanied by a Union representative, or a person of comfort. If the employee chooses to have an attorney present, the cost of the attorney will be the sole responsibility of the employee.

6.3.5 An employee who files a false or malicious complaint of harassment may also be disciplined. Discipline may include dismissal.

6.4 Administration

6.4.1 If a violation of harassment continues, the Human Resources Director shall be consulted immediately. The Human Resources Director shall be notified of all harassment complaints so that a record may be maintained.

7.0 RESPONSIBILITIES

The Human Resources Department shall administer this policy.

8.0 APPENDICES

Harassment Complaint Form
DISCRIMINATION/HARASSMENT COMPLAINT FORM

Name: ________________________________ Date: ________________

Phone: ________________ Email: ________________ Department: ________________________________

Address: ________________________________ City: ________________ State: ___ Zip: ______

Is this a discrimination/harassment complaint? Yes □ No □ Are you a City employee? Yes □ No □

If yes, have you notified your supervisor? Yes □ No □ If yes, what was the outcome? __________

This complaint is based on: (Check all that apply)

☐ Age ☐ Marital Status ☐ Religion

☐ Disability ☐ National Origin ☐ Sex/Gender

☐ Familial Status ☐ Race/Color ☐ Sexual Harassment

☐ Workplace Harassment ☐ Other Please Note: ________________________________

Sexual Orientation

Who allegedly discriminated against/harassed you: ________________________________

Is the alleged offender a City employee? Yes □ No □ Department: ________________________________

Where did it take place? ________________________________

When did it take place? ________________________________

Was this a single incident? Yes □ No □ If more than once, how many times? __________

How did the discrimination/harassment take place? ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please explain additional details of complaint including why you feel you were discriminated against
and or harassed. List any witnesses:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
In filing this complaint please explain the resolution you would like: ____________________________

____________________________________________________________________________________

____________________________________________________________________________________

The following information is VOLUNTARY and is requested for statistical purposes

Age: _____ Gender: M □ F □ Race/Ethnicity __________________________ Disability __________________________

Signature: __________________________ Date: __________________________

***FOR OFFICE USE***

Complaint received by: Email □ Mail □ Phone □ Walk-In □ Prior Appointment □

Date complaint received: STAMP HERE

Detail of action taken: __________________________

____________________________________________________________________________________

____________________________________________________________________________________

Referral(s):
Date: __________________________ To: __________________________

Date: __________________________ To: __________________________

Complaint Closed: __________________________

Is complainant satisfied with outcome? Yes □ No □

Complainant Remarks (if any):
____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

If you need assistance in filing your complaint please contact the Human Resources Department
at the address below or call (509) 625-6703

PLEASE MAIL THIS FORM TO:
CITY OF SPOKANE HUMAN RESOURCES DEPARTMENT, 4TH FLOOR
808 W. SPOKANE FALLS BLVD. SPOKANE, WA 99201-3327
OR FAX TO: (509) 625-6379