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CITY OF SPOKANE  
ADMINISTRATIVE POLICY AND PROCEDURE

ADMIN 0620-16-66  
LGL 2016-0032

TITLE: ANTI BULLYING POLICY  
EFFECTIVE DATE: July 26, 2016  
REVISION DATE (IF APPLICABLE)

## 1.0 GENERAL

1.1 Bullying of or by employees towards another employee or a group of employees interferes with work performance, and or the delivery of services and is therefore prohibited. All City employees will be treated in a fair and respectful manner.

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## 2.0 DEPARTMENTS/DIVISIONS AFFECTED

2.1 This policy shall apply to all City divisions and departments.

2.2 The provisions of this policy do not supersede the provisions of any collective bargaining agreements or Civil Service rules, and when in conflict, the specific terms and conditions of the collective bargaining agreement or Civil Service rules will prevail.

## 3.0 REFERENCES

None

## 4.0 DEFINITIONS

4.1 Workplace bullying is unwelcome repeated unreasonable actions of employees directed towards other employees or a group of

employees, which is intended to intimidate, humiliate, degrade or undermine an employee's right to dignity and respect at work.

- 4.2 "Unwelcome" is defined as any unsolicited repeated action by any employee (s) whether verbal or physical which humiliates, degrades insults or undermines another which is carried out with the intention to gain power or exert dominance to cause fear and distress.
- 4.3 Several examples of bullying behavior include but are not limited to the following:
  - 4.3.1 Verbal bullying: Abusive and offensive language, insults, slander, spreading rumors and innuendo, yelling, name calling, mocking, insulting, ridiculing, accusatory or threatening statements, unwanted blaming, criticism which is undeserved, excessive and lacks merit, displaying offensive photos, teasing or playing practical jokes, belittling, demeaning undermining abusive and/or threatening phone calls or text messages.
  - 4.3.2 Control Bullying: Denying access to resources, projects or opportunities, threatening job loss, exclusion, inference or sabotage, inequitable or harsh treatment, public reprimands, setting unrealistic deadlines that are impossible to meet or isolating employees from normal work interaction, unfairly blaming for mistakes, and excessive supervision which is hostile and/or abusive.
  - 4.3.3 Physical Bullying: Unwanted and unwelcome physical contact or non-verbal gestures, hitting, pushing, poking, tripping, stealing and destroying another employees possessions/property or any threat of physical assault and/or harm.

## 5.0 POLICY

- 5.1 It is the City of Spokane's policy that there shall be no workplace bullying of or by employees.
- 5.2 Mutual respect must be the basis of all City employees in addition to cooperation and understanding. The City of Spokane will neither tolerate nor condone bullying behavior that is likely to undermine the dignity or self-esteem of an individual, or create an intimidating, hostile or offensive work environment.

- 5.3 All City employees are expected to abide by this policy. Anyone who violates this policy will be subject to disciplinary action up to an including discharge.
- 5.4 The City will not condone retaliation against anyone who files a bullying complaint or who participates in a bullying complaint investigation.

## 6.0 PROCEDURE

### 6.1 Complaint Procedure

- 6.1.1 A complainant who believes they have been a subject of bullying behavior should use the City's complaint procedures to resolve bullying complaints. For certain bullying complaints, dealing with race, color, religion, sex, national origin, age, veteran status and disability, a complainant is encouraged to file using the City's harassment complaint procedures as outlined in ADMIN 0620-05-53 General Harassment policy, ADMIN 0620-15-16 Discrimination in the Workplace, ADMIN 0620-05-35 Sexual Harassment.
- 6.1.2 Complaints of bullying must be submitted in writing. A complaint may be submitted by using the City's Discrimination/Harassment or Workplace Bullying Complaint form. All complaints must be signed or attested to by the individual making the complaint. The individual receiving the complaint must sign and date upon receipt.
- 6.1.3 Complaints of bullying should be brought to the attention of the immediate supervisor in a timely manner, or the Human Resource department. If the supervisor or manager is the one engaging in the bullying behavior, or the individual does not wish to tell the supervisor, the situation must be brought to the attention of the Human Resource Department. Alternatively, a complaint may be submitted at any time directly to the Human Resource Director or the Human Resource Analyst (s) assigned to the department.
- 6.1.4 An employee who is exposed to bullying may assertively tell the offending person that the conduct is unwelcome and must cease immediately.

- 6.1.5 Violations of the City's policy against bullying will ideally be resolved at the lowest level possible, informally and effectively.
- 6.1.6 No employee shall be retaliated against or adversely affected in employment for filing a complaint of bullying or for participating in an investigation.
- 6.1.7 When supervisors or managers are notified of alleged bullying complaints, they shall immediately:
- a. Document and report the incident to Human Resources or the Department Head.
  - b. Consult with Human Resources or the Department Head to investigate the complaint.
  - c. Take prompt appropriate corrective action and conduct an investigation within (10) days of receiving a complaint.
  - d. During the course of the investigation, the City will take reasonable measures possible to ensure that no further incidents of intimidation, bullying occurs between the complainant and the aggressor and the supervisor or Department Head shall encourage or refer the employee to utilize the City's Employee Assistance Program.
  - e. Provide findings and comments to the complainant within (15) working days of receipt of the complaint.
- 6.1.8 If the complainant is not satisfied with the corrective action taken, the issue must be brought by the complainant to the attention of the Human Resource Director within (10) days of receipt of the findings.
- 6.1.9 Occasionally, the offender may not be aware that a behavior is offensive or of a bullying nature. If at all possible the complainant should advise the offending individual that the behavior is offensive and request that it be discontinued immediately.
- a. If the complainant is not comfortable talking to the offending person and/or the conduct continues or reoccurs, the matter should be immediately reported to

the complainant's supervisor, Department Head or, the Human Resource Director.

- b. Employees who are aware of this type of behavior should report the behavior to their supervisor, Department Head, or the Human Resource Director.
- c. Employees are required to fully cooperate in the processing of the complaint and investigation. Employees will be allowed to be accompanied by a Union Representative or a person with who they feel comfortable with.
- d. An employee who files a false or malicious complaint of bullying will be subject to disciplinary action up to and including termination.


7.0 RESPONSIBILITIES

The Human Resources Department shall administer this policy and procedure.

8.0 APPENDICES

Discrimination/Harassment/Work Place Bullying Complaint Form

APPROVED BY:

  
\_\_\_\_\_  
Theresa M. Sanders, City Administrator

7/11/2016  
Date

  
\_\_\_\_\_  
Heather L. Lowe, Human Resources Director

6.30.16  
Date

  
\_\_\_\_\_  
James Richman, Assistant City Attorney

6/27/16  
Date

# DISCRIMINATION/HARASSMENT COMPLAINT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a discrimination/harassment complaint? Yes  No  Is this a bullying 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)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Age             | <input type="checkbox"/> Marital Status     | <input type="checkbox"/> Religion           |
| <input type="checkbox"/> Disability      | <input type="checkbox"/> National Origin    | <input type="checkbox"/> Sex/Gender         |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Race/Color         | <input type="checkbox"/> Sexual Harassment  |
| <input type="checkbox"/> Workplace       | <input type="checkbox"/> Other Please Note: | <input type="checkbox"/> Sexual Orientation |
- Harassment/Bullying

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 ONLY**

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) 625-6363  
PLEASE MAIL THIS FORM TO:  
**CITY OF SPOKANE HUMAN RESOURCES, 4TH FLOOR**  
808 W. SPOKANE FALLS BLVD. SPOKANE, WA 99201-3327  
**OR FAX TO: (509) 625-6379**