

	Harassment Policy	Type:	Tier 2
		Effective Date:	November 2011
		Revised Date:	June 2017
		Contact:	Human Resources
Approval Signature:		Date Approved:	June 2017
Typed Name and Title: Lilia Bailey, Senior Vice President and Chief People Officer			

1) Policy Statement

Wake Forest Baptist Medical Center is committed to maintaining a work and educational environment in which all are treated fairly and respectfully. The Medical Center will not tolerate discrimination or harassment of any kind. Harassment by staff/faculty members may result in corrective action, up to and including discharge.

The Medical Center takes all complaints of harassment very seriously and will not tolerate any retaliation against a staff/faculty member who raises a complaint of harassment against a co-worker, supervisor or non-employee.

- a) Scope: All WFBMC staff, faculty and non-employees
- b) Responsible Department/Party/Parties:
 - i. Policy Owner: Human Resources
 - ii. Procedure: Human Resources
 - iii. Supervision: Human Resources
 - iv. Implementation: Human Resources

2) Definitions

For purposes of this policy, the following terms and definitions apply:

- a) **WFBMC:** Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Davie Medical Center (DMC), Lexington Medical Center (LMC) and all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.
- b) **Consensual Relationship:** A dating, sexual or cohabitating relationship wherein both involved parties mutually agree to participate
- c) **Harassment:** Unwelcome verbal or physical conduct that creates an intimidating, hostile, or offensive work environment or interferes with an individual's work or education
- d) **Hostile Work Environment:** An intimidating, offensive and unpleasant work environment resulting from harassment
- e) **Leader:** Any individual who supervises staff/faculty members or work areas at WFBMC. A leader may or may not have direct reports.
- f) **Non-Employee:** An individual who is not a regular employee of the Medical Center but who is granted badge access to Medical Center facilities and/or user access to Medical Center technology systems to perform work or engage in educational activities. Non-employees include, but are not limited to, students, contractors/independent contractors, job shadowing/observation participants, visiting professionals and volunteers.
- g) **Quid Pro Quo Harassment:** Occurs when submission to harassment is used as a basis for employment decisions

- h) **Retaliation:** Adverse action taken in response to a staff/faculty member's involvement in a harassment complaint
- i) **Sexual Harassment:** Any unwelcome sexual advance, including requests for sexual favors and any verbal or physical conduct of a sexual nature
- j) **Supervisor:** The person to whom a staff/faculty member reports. Examples include, but are not limited to, manager, director, AVP, VP or chair.

3) Policy Guidelines

Conduct described in this policy is prohibited whether in person, over the phone (including voice mail), through email or the Internet, or any other form of electronic communication.

a) Discrimination

The Medical Center prohibits harassment based on race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information. This includes:

- i. Discrimination in the provision of employment opportunities
- ii. Adversely impacting a staff/faculty member's terms and conditions of employment

b) Harassment

Examples of inappropriate behaviors include:

- i. Unwelcome comments regarding an individual's race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age (40 or older), disability or genetic information
- ii. Name-calling or the use of slurs, demeaning comments or other offensive language
- iii. Repeated, unwelcome requests for dates
- iv. Distribution or displays of written or graphic material containing negative content, including electronic materials

c) Sexual Harassment

- i. Sexual harassment (whether opposite sex or same sex) is strictly prohibited. There are two types of sexual harassment:
 - a. **Quid pro quo harassment**, in which submission to harassment is used as a basis for employment decisions. Examples include:
 - 1. Promises of favorable treatment or threats of unfavorable treatment based on an individual's response to sexual advances
 - 2. Adversely impacting a staff/faculty member's terms and conditions of employment based on the individual's response to sexual advances

b. **Hostile work environment**, in which the harassment creates an intimidating, offensive and unpleasant work environment. A hostile work environment can be created by anyone in the workplace, including supervisors, co-workers or non-employees. Examples include:

1. Comments, jokes, or gestures of a sexual nature
2. Objectionable physical proximity or contact
3. Unwelcome flirtation, sexual advances or propositions
4. Unwelcome discussion of an individual's physical characteristics or dress
5. Distribution or display of sexually explicit pictures or other materials, including electronic materials

ii. Sexual harassment does not refer to behavior or occasional compliments of a socially acceptable nature. Courteous, mutually respectful interactions between individuals, including men and women, that are acceptable to both parties are not considered to be harassment.

iii. Consensual Relationships

Staff/faculty members are not permitted to have direct or indirect influence over the conditions of employment of an individual with whom they have a consensual relationship. This includes relationships within the same reporting structure, as well as those involving direct supervision. Such relationships that exist or develop must be disclosed. Action will be taken to reduce the risk of concerns about harassment, favoritism or bias. Actions may include, but are not limited to, a transfer to another work group, a change in shift, or a change in reporting structure. For details, including disclosure process guidelines, see the [Nepotism and Consensual Relationships Policy](#).

d) **Reporting Harassment**

i. When evaluating whether a certain behavior should be considered harassment, these points should be considered:

- a. The behavior need not be perceived as harassment at the time but may be perceived as harassment later (for example, a participant who is initially willing may later object to the behavior).
- b. The behavior is unwelcome if an individual states that it is unwelcome.
- c. The behavior need not be directed at a specific individual.

ii. Complaint Procedure

a. Harassment should be reported when a staff/faculty member believes that he/she has personally been harassed or has observed someone else being harassed. This applies whether the alleged harasser is a staff/faculty member, leader, visitor, patient or non-employee.

b. The following options are available for addressing harassment:

1. An individual who is being harassed may talk to the offender and make it clear that he/she considers the behavior inappropriate and wants it to stop. In many cases, this puts an end to the behavior. It is not necessary for a staff/faculty member to take this action before reporting a complaint to Human Resources or leadership.

2. A staff/faculty member may report the situation to his/her supervisor or Employee Relations Consultant.
 3. A staff/faculty member may report the situation to any higher level member of leadership.
 4. A staff/faculty member may report the situation through the Compliance Hotline.
- c. Anonymous complaints are permitted but are not encouraged, since they do not allow for a full investigation and may not result in resolution of the situation. Reasonable effort will be made to protect the privacy of the reporting individual(s).
- iii. Response to Complaints
- a. All complaints of harassment or discrimination are taken seriously. Upon receiving the harassment complaint, Human Resources will:
 1. Conduct a prompt and thorough investigation
 2. Discuss results with the complaining staff/faculty member (where appropriate actions taken)
 3. Keep investigation and results as confidential as possible
 4. Take any necessary performance improvement action, if the complaint is verified
 - b. A staff/faculty member who believes the Medical Center has not met its obligations to correct a harassment incident or is not satisfied with the way in which his/her report of harassment was handled should contact the Director of Employee Relations or the Senior Vice President and Chief People Officer.

e) No Retaliation

The law and Medical Center values protect any person who, in good faith, reports what he or she thinks is discrimination or harassment. No intimidation or retaliation may be directed toward a staff/faculty member who:

- i. Makes or assists with a complaint of discrimination or harassment
- ii. Is a witness in the investigation of a complaint
- iii. Serves as an investigator

4) Questions

Questions regarding how the policy applies to a specific situation should be directed to Employee Relations, emprelations@wakehealth.edu .

5) Related Policies and Resources

- a) [Code of Conduct](#)
- b) [Nepotism and Consensual Relationships Policy](#)

6) Review/Revision/Implementation

- a) Review Cycle: This policy shall be reviewed by Human Resources at least every three years from the effective date.
- b) Office of Record: After authorization, the Legal Department shall house this policy in a policy database and shall be the office of record for this policy.