

Sexual Harassment Policy

The Caring Place, Inc. (TCP) prohibits and will not tolerate sexual harassment of employees, volunteers or TCP families. The purpose of this policy is to ensure that, in the work environment encompassed by TCP's activities (including, but not necessarily limited to TCP's office, any facilities used for TCP meetings and/or programs, and TCP family residences), no person is harassed on the basis of his or her sex. While it is not easy to define precisely what sexual harassment is, it certainly includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct which might be construed to be of a sexual nature, such as uninvited touching of any kind or sexually-related comments. All employees and volunteers must recognize that the courts have held that what is or is not deemed to be sexual harassment is frequently heavily influenced by the perception of the person bringing the complaint, and that the intent of the alleged perpetrator is often not accepted as a mitigating factor.

Any employee, volunteer or TCP family member who feels that he or she has been sexually harassed or who observes an incident of sexual harassment should immediately report the matter to the Chief Executive Officer, a Program Manager, or any member of the Human Resources Committee of the Board of Directors, as appropriate. Every report of actual or perceived harassment will be investigated by the Human Resources Committee of the Board and, where appropriate, corrective action will be taken. Recognizing that individuals may feel awkward or fearful about reporting an incident or perceived incident of sexual harassment, this policy ensures that no employee, volunteer or TCP family member will be retaliated against for making any such report under this policy.

Operationally, the Executive Director and Program Manager(s) are held accountable for the effective administration of this policy.

Violations of this policy will not be permitted and may result in discipline up to and including termination from service with The Caring Place.

The Caring Place Board of Directors
April 13, 2000

I certify that I have read, understand and agree to comply fully with this policy.

Your Name (print): _____

Your signature: _____

Date: ____/____/____

I am a ____ Employee ____ Volunteer of The Caring Place ____ Program Family Member