Discrimination and Harassment Policy

­­\_\_\_\_\_ (Practice Name) is an equal opportunity employer. It does not discriminate against employees on the basis of race, color, sex, religion, age, marital status, national origin, sexual orientation, disability, or any other status or condition protected by applicable law.

\_\_\_\_\_ (Practice Name) does not and will not tolerate any discrimination against or harassment of its employees. Harassment can include

* Unsolicited and unwelcomed remarks
* Gestures
* Overtures or other conduct of either a verbal or physical nature, including the display or circulation of written material or pictures, based on any of the conditions or statuses described above

Sexual harassment is a type of harassment that includes practices ranging from

* direct requests for sexual favors
* unwelcomed verbal or physical advances
* conduct that is both sexual and offensive in nature and/or creating workplace conditions that result in a hostile or offensive work environment for persons of either gender and may or may not explicitly or implicitly be a term or condition of employment or employment decision

Any employee who feels they are the victim of discrimination and/or harassment should immediately report such conduct to the office manager. If it is inappropriate to report it to the office manager, it should be immediately reported to the practice owner.

All reports of discrimination and/or harassment will be promptly investigated on a confidential basis. Employees found to have engaged in discriminatory or harassing conduct will be subject to discipline up to and including dismissal. Any employee who reports discrimination or harassment, or cooperates with an investigation of such conduct, will be protected from reprisals or retaliation, even if the complaint made in good faith is not founded.

I have read, understand, and can abide by the above policy.

I have kept a copy of this policy for my employee manual.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date