

SEXUAL HARASSMENT POLICY

The Franklin Parish Library is committed to having a work environment that is safe for all its employees and that is free from all forms of harassment. Harassment of any person by any group or individual because of race, color, religion, sex, age, disability, or sexual orientation will not be tolerated.

The definition of sexual harassment is defined by Title VII of the Civil Rights Act of 1964. Sexual harassment is any type of unwanted or unwelcome physical, verbal or non-verbal conduct that would offend, humiliate, or in any way intimidate a person. This would include but not be limited to words used, gestures, pictures, physical violence, physical contact, sexual jokes, stories and/or messages (by phone or email), sexual advances, or suggestive or condescending comments.

Anyone experiencing any type of sexual harassment should promptly file a written complaint, using the Sexual Harassment Complaint Form, with the Library Director or the Library Board President.

The complainant may pursue a claim under state or federal law, regardless of the outcome of the investigation.

The Library Director or Library Board President will;

1. Review the formal written complaint
2. Investigate the allegations:
 - A. Review facts presented in the complaint
 - B. Privately interview the individual listed in the complaint, the person filing the complaint as well as any witnesses and record in writing all information provided. All information gathered will remain on file in the Director's Office.
 - C. Determine how often the incident or incidents occurred

If a complaint is determined to have validity, the Library Director and Library Board of Control will take the appropriate actions that could include a written warning, negative notation in his/her evaluation, suspension, and/or dismissal.

SEXUAL HARASSMENT COMPLAINT FORM

Complainant Information:

Name _____

Home Address: _____

Phone Number: _____

Job Title: _____

Email: _____

Complaint Information:

Your complaint of sexual harassment if made against:

Name _____

Work Address _____

Work Phone Number _____

Relationship to you – check all that may apply:

_____ Supervisor _____ Subordinate _____ Co-Worker _____ Other

Describe the conduct or incident that is the basis for this complaint. Additional sheets of paper or other relevant documents may be attached.

Date(s) the sexual harassment incident occurred: _____

Is the sexual harassment on going? _____ YES _____ NO

List the names and contact information for anyone who may have information related to your complaint.

Signature

Date

Print Name