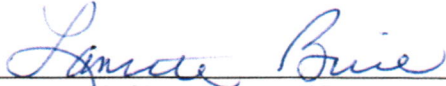


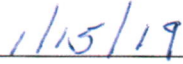
**LSU HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA**

POLICY NUMBER: 4503-19
CATEGORY: Human Resources
CONTENT: Sexual Harassment
EFFECTIVE DATE: November 20, 1994
Revised: June 1, 2000
Revised: May 22, 2002
Reviewed & Revised: December 18, 2007
Reviewed: August 22, 2008
Reviewed: October 27, 2009
Reviewed: October 18, 2010
Reviewed: July 17, 2014
Reviewed: March 18, 2015
Reviewed: October 18, 2016
Reviewed: February 21, 2017
Reviewed: January 11, 2019

INQUIRIES TO: Human Resources Administration
LSU Health Care Services Division
Post Office Box 91308
Baton Rouge, Louisiana 70821-1308
Telephone: (225) 354-4843 Fax: (225) 354-4851



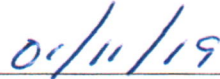
Deputy Chief Executive Officer



Date



Director of Human Resources



Date

**LSU HEALTH CARE SERVICES DIVISION
SEXUAL HARASSMENT POLICY**

I. Policy

The LSU Health Care Services Division (HCS D) and all facilities under its control hereby commit to maintaining an atmosphere free of all forms of discrimination, including sexual harassment. It is the policy of HCS D that every employee should be able to work in an environment free from intimidation of sexual harassment.

II. Laws Governing Policy on Sexual Harassment

Sexual harassment is a violation of federal and state laws. Title IX of the 1972 Education Amendment prohibits discrimination on the basis of gender. Title VII of the Civil Rights Act of 1964 (as amended in 1972) prohibits discrimination on the basis of race, color, religion, sex, and national origin in all employment practices, including conditions of employment. Sexual harassment of employees constitutes unlawful sexual discrimination and is therefore a violation of Title VII. Under Title VII of the Civil Rights Act of 1964, (as amended in 1972) employers and individuals assigned supervisory duties have a legal responsibility to investigate claims of sexual harassment and to develop appropriate sanctions for such behavior. Furthermore, supervisors are responsible for acting upon information that comes to their attention, and have a responsibility to act on information they could reasonably have been expected to know. Lastly, sexual harassment is illegal according to the 1980 guidelines of the Equal Employment Opportunity Commission (EEOC).

III. Sexual Harassment Defined

Sexual harassment is any unwanted sexual attention. Examples of verbal and physical prohibited conduct include, but are not limited to:

1. Unnecessary touching, patting, hugging, brushing against a person's body, fondling, or grabbing;
2. Solicitation of sexual activity or other sexual behavior by promise of reward or threat of punishment;
3. Direct or subtle pressure for sexual activity;

4. Verbal conduct intended to cause discomfort or humiliation, or both, that includes one or more of the following:
 - a. comments of a sexual nature;
 - b. sexually explicit statements, questions, jokes, or anecdotes;
 - c. remarks of a sexual nature about a person's clothing or body; or
 - d. remarks about sexual activity, sexual orientation, or speculation about previous sexual experience.
5. Nonverbal conduct that causes discomfort or humiliation, or both, to any person.

IV. Applicable Population

This policy shall be applicable to all employees with the HCSD Administrative Office (HCSDA) and Lallie Kemp Medical Center (LAKMC) as well as any other persons having an employment relationship with the agency, regardless of appointment type.

This policy also applies to individuals conducting business on behalf of the HCSDA and LAKMC including, but not limited to, contract and subcontract workers, vendors, volunteers, laborers and independent agents.

V. Prohibition

Sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
2. Submission to or rejection of sexual harassment by an individual is used as the basis for employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
4. The perception of an individual that sexual harassment has occurred or is occurring is a substantive factor. An individual's conduct, words, actions, or omissions relating to gender may constitute sexual harassment if such actions are unwelcome, offensive, threatening, affect job performance or become conditions of employment, either expressed or implied. The difference between voluntary sexual relationships and sexual harassment is that harassment contains elements of coercion, threat and/or unwanted attention in a non-reciprocal relationship.

5. Sexual harassment may be perpetrated by an employee or non-employee. Sexual harassment has no gender boundaries, no sexual orientation boundaries, and can occur between opposite or same sexes.

VI. Description

The Equal Employment Opportunity Commission defines two types of sexual harassment: “quid pro quo” and “hostile environment”.

Quid Pro Quo sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

1. Submission to such conduct is made explicitly or implicitly a term or condition of an individual’s employment;
2. Submission to or rejection of such conduct is used as a basis for evaluating employment decisions or performance.

Hostile Environment sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when such conduct has the purpose or effect of unreasonably interfering with an individual’s work or performance.

The factors that determine whether an environment is hostile are:

1. Whether the conduct was verbal or physical or both;
2. How frequently it was repeated;
3. Whether the conduct was hostile or patently offensive;
4. Whether the alleged harasser was a co-worker, supervisor, or other employee;
5. Whether others joined in perpetrating the harassment; and
6. Whether the harassment was directed at more than one individual.

VII. Consequences

HCSD will take affirmative steps, including employee disciplinary actions up to and including termination to maintain a workplace free of sexual harassment and intimidation.

The consequences of specific sexual harassment conduct will be assessed on a case by case basis.

Managers and Supervisors are required to immediately report any suspected incidents of sexual harassment whether or not a complaint has been lodged. Reports should be made to

the Hospital EEO Officer, the Hospital Human Resources Director, or the HCSD Human Resources Administrator.

LA R.S. 13:5108.1 provides that a state employee will not be indemnified for intentional acts of wrongdoing.

VIII. Responsibility

1. The Hospital EEO Officer, the Hospital Human Resources Director, the HCSD Legal Counsel, and the HCSD Human Resources Administrator, in the order so listed, shall be charged with the responsibility of investigating sexual harassment complaints and recommending actions to address complaints. However, Hospital staff shall consult with the HCSD Legal Counsel on all sexual harassment complaints.
2. Each facility and/or the Human Resources Administrator for HCSD is responsible to provide sexual harassment training through the HCSD on-line training or provide a copy of the sexual harassment policy to every new employee.
3. Each employee shall sign an acknowledgement form noting he or she has received a copy of the sexual harassment policy. This attestation may also be ascertained through the HCSD on-line training. This acknowledgement shall become part of the employee's human resource file.
4. It shall also be the responsibility of each facility and/or the HCSD Human Resources Administrator to ensure all supervisors are trained to recognize and report situations involving sexual harassment. All employees shall receive sexual harassment training annually.

IX. Complaints

1. Any person who is aggrieved by conduct that violates this policy MUST report the incident(s) to the Hospital EEO Officer, the Hospital Human Resources Director, and/or the HCSD Human Resources Administrator. The complaint MUST be in writing and must be filed within ten (10) days.
2. Managers and supervisors of aware of any incidents of suspected sexual harassment must report suspected incidences to the Hospital EEO Officer, the Hospital Human Resources Director, and/or the HCSD Human Resources Administrator.
3. To facilitate reporting and investigation of incidents of sexual harassment and in compliance with all statutory requirements, a complaint form shall be available at all facilities' Human Resource Offices and is heretofore made a part of this policy (Exhibit A).
4. HCSD will investigate and resolve all complaints through an internal complaint and investigative process, in a timely, fair, impartial and effective manner.

X. Non-retaliation

Confidentiality as to all parties will be respected to the greatest extent possible. HCSD prohibits any form of retaliation against any employee filing a complaint under this policy or for assisting in a complaint investigation.

XI. Frivolous complaints

This policy shall not be used to intentionally bring frivolous or malicious charges against employees. Disciplinary action up to and including termination shall be taken against any person intentionally bringing a false charge of sexual harassment.

XII. Inquiry

Employees having questions concerning sexual harassment or HCSD's policy on sexual harassment should contact their Hospital Human Resources Department. Questions may also be directed by mail to the HCSD Administrative Office at 5429 Airline Hwy, Baton Rouge, LA 70805, Post Office Box 91308 Baton Rouge, Louisiana 70821-1308.

XIII. Implementation

This policy was originally implemented on November 20, 1994. This and subsequent revisions to this policy shall become effective upon approval and date of signature of the HCSD Deputy Chief Executive Officer.

SEXUAL HARASSMENT COMPLAINT FORM

Name (Print): _____ Facility/Division: _____

Job Title: _____ Work Phone: _____

Home/Cell Phone: _____ Date: _____

Please complete the form below. Space has been provided to answer the questions. Please attach additional sheets in the case where the space provided is not large enough. After completing the form, submit it to the Hospital EEO Officer, the Hospital Human Resources Director, and/or the HCSD Human Resources Administrator.

WRITTEN REQUIREMENT – This form meets the requirement to report sexual harassment incident(s) in writing.

CONFIDENTIALITY – Steps will be taken to ensure the confidentiality to the greatest extent possible of all information provided on this form. Employees complaining of or reporting sexual harassment will not be subjected to retaliation of any kind. HCSD prohibits any form of retaliation against any employee for filing a bona fide complaint under the policy or for assisting in a complaint investigation.

FALSE REPORTING – If after investigating any complaint of harassment, it has been determined that the employee has provided false information regarding the complaint, then disciplinary action will be taken against the individual who filed the false complaint or gave the false information.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM

Who committed the alleged harassment?

Is the person who allegedly harassed you in a supervisory position over you?

SEXUAL HARASSMENT COMPLAINT FORM

When did the incident occur? Is it ongoing?

How often did/does the incident occur?

What exactly occurred or was said?

How did it affect you? Has your job been affected in any way? If so, how?

SEXUAL HARASSMENT COMPLAINT FORM

How did you react?

What response did you make when the incident occurred or afterwards?

Are there any persons who have information about this matter? Was anyone present when the alleged harassment occurred? Did you tell anyone about it? Did anyone see you immediately after episodes of alleged harassment?

Did the person who allegedly harassed you harass anyone else? Do you know whether anyone complained about harassment by that person?

Are there any notes, physical evidence, or other documentation regarding the incident?

SEXUAL HARASSMENT COMPLAINT FORM

How would you like to see the situation resolved?

Name (Print): _____

Signature: _____ Date: _____