**ANTI-HARASSMENT POLICY**

**ZERO TOLERANCE FOR UNLAWFUL HARASSMENT**

[EMPLOYER'S NAME] maintains a strict no-tolerance policy against any form of unlawful harassment targeting employees or other individuals associated with the company, including interns. Harassment is prohibited when it is based on legally protected characteristics, such as race, religion, creed, national origin, ancestry, sex (including pregnancy), gender (including sexual orientation, gender identity, and transgender status), age, physical or mental disability, citizenship, genetic information, military service (past, current, or prospective), other protected classes recognized by Florida state or local law, or any other characteristic safeguarded by federal, state, or local law.

**PROHIBITION AGAINST SEXUAL HARASSMENT**

All employees, representatives, and affiliates of [EMPLOYER'S NAME]—including vendors, clients, patients, visitors, or any other associated individuals—are strictly prohibited from engaging in harassment based on an individual’s sex or gender. This includes pregnancy, sexual orientation, gender identity, or transgender status, regardless of the harasser’s own sex or gender.

Definition of sexual harassment

Sexual harassment includes any behavior rooted in an individual’s sex or gender, whether or not it is sexual in nature. Examples include:

* Offensive remarks about a person’s sex or gender.
* Unwelcome sexual advances, requests for sexual favors, or any conduct of a sexual nature.

Such behavior constitutes sexual harassment when:

* Submission to the behavior is explicitly or implicitly made a condition of employment.
* Submission to or rejection of the behavior is used as a basis for employment decisions.
* The behavior creates an intimidating, hostile, or offensive work environment that significantly interferes with an employee’s job performance.

Sexual harassment can take various forms, including but not limited to:

* Verbal: Epithets, slurs, derogatory remarks, inappropriate jokes, unwelcome advances, or sexual requests.
* Physical: Unwanted physical contact or assault.
* Visual: Displaying sexually explicit images, cartoons, or gestures, or sending inappropriate gifts.
* Online: Posting or sharing sexually suggestive or derogatory content on social media platforms like Facebook, X (formerly Twitter), Instagram, or Snapchat.

Any form of sexual harassment, whether verbal, physical, visual, or online, is strictly prohibited.

**PROHIBITION OF OTHER TYPES OF HARASSMENT**

[EMPLOYER'S NAME]’s anti-harassment policy extends to all forms of harassment based on legally protected characteristics. This includes harassment rooted in an employee’s race, religion, creed, national origin, ancestry, age, physical or mental disability, citizenship, genetic information, military service (past, present, or prospective), or other protected classes recognized by Florida state or local law, or any characteristic protected under federal, state, or local law.

Definition of harassment

Harassment based on these characteristics often mirrors the forms of sexual harassment and may include:

* Verbal: Epithets, slurs, derogatory statements, inappropriate comments, or jokes.
* Physical: Unwelcome physical contact or assault.
* Visual: Displaying offensive images, cartoons, posters, or making derogatory gestures.
* Online: Posting or sharing offensive or derogatory statements on social media platforms.

Any form of harassment, whether verbal, physical, visual, or online, is strictly prohibited.

**REPORTING HARASSMENT: COMPLAINT PROCEDURE**

If you experience or witness any behavior that you believe violates this policy, promptly report the incident to your direct supervisor. If the behavior involves your direct supervisor, escalate the issue to the [next-level supervisor/[DEPARTMENT NAME] Department]. Reports should ideally be made within [ten (10)/[NUMBER]] days of the incident.

If your initial report does not receive a satisfactory response within [five (5)/[NUMBER]] days, escalate the matter to [[POSITION]/[DEPARTMENT NAME] Department]. [EMPLOYER'S NAME] will ensure a thorough investigation is conducted and corrective action is taken if necessary.

To assist with reporting, a complaint form is available at [LOCATION], although its use is not mandatory.

Any manager or supervisor who observes potential harassment must report it to [[POSITION]/[DEPARTMENT NAME] Department].

**COMMITMENT TO NON-RETALIATION**

[EMPLOYER'S NAME] strictly prohibits and will not tolerate any form of retaliation, including discipline, reprisal, intimidation, or adverse action, against any individual who:

* Reports incidents of harassment in good faith.
* Pursues a harassment claim.
* Cooperates in an investigation of such claims.

For further details on retaliation protections, employees can contact the [DEPARTMENT NAME] Department.

[EMPLOYER'S NAME] is committed to enforcing this policy but relies on employees to promptly report inappropriate conduct. Failure to report such behavior may limit the company’s ability to address and resolve violations.

**CONSEQUENCES FOR POLICY VIOLATIONS**

Violations of this policy, including acts of harassment or retaliation, may result in disciplinary action, up to and including termination of employment.

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department oversees and enforces this policy. Employees with questions about this policy should contact the [DEPARTMENT NAME] Department for guidance.

**PERMISSIBLE CONDUCT**

This policy does not restrict or prohibit employees from engaging in activities that are legally protected under Florida state or federal law, including the National Labor Relations Act. Such protected activities include, but are not limited to:

* Discussing wages, benefits, or terms and conditions of employment.
* Forming, joining, or supporting labor unions.
* Bargaining collectively through chosen representatives.
* Raising concerns about working conditions for mutual aid or protection.
* Participating in legally required activities.

[EMPLOYER'S NAME] fully respects and upholds the rights of employees to engage in these protected activities.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

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

Signature

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

Printed Name

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

Date