**ANTI-RETALIATION POLICY**

**STRICT PROHIBITION AGAINST RETALIATION**

[EMPLOYER'S NAME] maintains a zero-tolerance policy for any form of unlawful retaliation directed at applicants, employees, or interns by any member of the workforce. Retaliation in any form—whether disciplinary actions, intimidation, threats, or other adverse measures—against individuals engaging in legally protected activities is strictly prohibited. This policy is designed to comply with applicable federal laws as well as specific anti-retaliation protections outlined under Florida state law, where applicable.

Examples of protected activities

Retaliation is prohibited for engaging in activities protected by federal, state, or local law. Such activities may include, but are not limited to:

* Submitting a good faith complaint (verbally or in writing) to human resources or management regarding suspected unlawful practices, such as discrimination, harassment, or wage violations (e.g., reporting sexual harassment or unpaid overtime).
* Filing a legitimate complaint with the US Equal Employment Opportunity Commission (EEOC)[, NAME OF STATE/LOCAL FAIR EMPLOYMENT PRACTICES AGENCY (FEPA),] or initiating legal proceedings addressing discrimination or harassment.
* Cooperating in [EMPLOYER'S NAME]’s internal investigations into allegations of workplace misconduct, such as harassment or discriminatory behavior.
* Offering support to another employee’s claim of unlawful discrimination, whether through testimony, affidavits, or other means, in cases before the EEOC[ or [NAME OF STATE/LOCAL FEPA]].
* Reporting wage violations or unfair pay practices in good faith to the US Department of Labor (DOL)[, NAME OF STATE/LOCAL WAGE AND HOUR COMPLIANCE AGENCY,] or participating in wage audits or investigations conducted by administrative authorities.
* Requesting workplace accommodations under laws such as the Americans with Disabilities Act or Pregnant Workers Fairness Act[, or similar state or local anti-discrimination laws].
* Requesting or using leave under the Family and Medical Leave Act (FMLA)[ or applicable state leave laws].
* [Filing for worker’s compensation benefits or pursuing a worker’s compensation claim.]

These examples are not exhaustive. [EMPLOYER'S NAME] will not tolerate retaliation in any form for participation in any legally protected activity.

**REPORTING RETALIATION: COMPLAINT PROCEDURE**

If you believe you have been subjected to conduct that violates this policy, you are required to report it promptly. Contact your direct supervisor or the [DEPARTMENT NAME] Department as soon as possible, ideally within [ten/[NUMBER]] days of the incident. If the conduct involves your direct supervisor, you may escalate your complaint to the next-level supervisor or the [[DEPARTMENT NAME] Department/[OTHER COMPLAINT METHOD]].

If your initial report does not result in a satisfactory resolution within [five/[NUMBER]] days, immediately escalate the matter to [[POSITION]/[DEPARTMENT NAME] Department]. This team is responsible for ensuring a timely and thorough investigation. Depending on the nature of the issue, employees in Florida may also report complaints directly to the applicable Department of Labor or equivalent agency.

While not mandatory, a complaint form is available at [LOCATION] for those who prefer to document their concerns in writing.

To assist in the investigation, your complaint should provide as much detail as possible, including:

* The names of all individuals involved.
* The names of any witnesses.
* A detailed description of the incident or conduct in question.

[EMPLOYER'S NAME] is committed to conducting a comprehensive and impartial investigation into all claims of perceived retaliation. Prompt corrective action will be taken if the investigation confirms a violation of this policy.

**MANAGER AND SUPERVISOR RESPONSIBILITIES**

Managers and supervisors are required to report any retaliatory behavior they observe directly to [[POSITION]/[DEPARTMENT NAME] Department]. This ensures that allegations are promptly investigated and appropriate measures are taken.

**CONSEQUENCES FOR VIOLATING THIS POLICY**

Any employee, regardless of their role or title, who is found by [[POSITION]/[DEPARTMENT NAME] Department] to have engaged in retaliatory behavior in violation of this policy will face disciplinary action. Disciplinary measures may include, but are not limited to, termination of employment.

**ADMINISTRATION OF THIS POLICY**

The [DEPARTMENT NAME] Department oversees and enforces this policy. For any questions about this policy or concerns regarding retaliation that are not covered here, employees are encouraged to reach out to the [DEPARTMENT NAME] Department for clarification and assistance.

**EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS**

The provisions of this policy are designed to complement, not replace, modify, or override, any terms or conditions of employment outlined in a collective bargaining agreement between a union and [EMPLOYER'S NAME]. Employees covered by such agreements should refer to the specific terms outlined in the agreement. In cases where the terms of this policy conflict with those in the collective bargaining agreement, provisions of collective bargaining agreements will take precedence.

**PERMISSIBLE CONDUCT**

This policy is not intended to restrict or discourage employees from engaging in activities protected under state or federal law, including the National Labor Relations Act. Such activities may include, but are not limited to:

* Discussing wages, benefits, or working conditions.
* Forming, joining, or supporting labor unions.
* Bargaining collectively through chosen representatives.
* Raising concerns about workplace conditions for their own or others' mutual aid or protection.
* Participating in activities legally required or protected by applicable law.

[EMPLOYER'S NAME] fully respects and upholds employees' rights to engage in these lawful 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