

896

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
August 31, 2011

**SUBJECT:** Rescind Board Policy C-20 Compensation for Management Level Attorneys and Revise Board Policy C-25 Harassment Policy and Complaint Procedure

**RECOMMENDED MOTION:** That the Board of Supervisors 1) rescind Board Policy C-20 Compensation for Management Level Attorneys; and 2) approve the proposed revision to Board Policy C-25 Discrimination and Harassment Policy and Complaint Procedure.

**BACKGROUND:** The purpose of Board Policy C-20 was to ensure an appropriate and consistent compensation between attorney classes in unrepresented/management and those staff attorney classifications represented by a union. The County has now agreed to recognize the Deputy County Counsel classifications (unrepresented staff attorneys) as part of the Prosecution Unit along with the Deputy District Attorneys. In addition, the County has agreed to recognize the Deputy Public Defenders (unrepresented staff attorneys) and their own union organization.

Departmental Concurrence

  
Barbara A. Olivier  
Asst. County Executive Officer/Human Resources Dir.

**FINANCIAL  
DATA**

Current F.Y. Total Cost: \$ 0  
Current F.Y. Net County Cost: \$ 0  
Annual Net County Cost: \$ 0

In Current Year Budget: No  
Budget Adjustment: No  
For Fiscal Year: 2011/12

**SOURCE OF FUNDS:** N/A

Positions To Be Deleted Per A-30 ☐  
Requires 4/5 Vote ☐

**C.E.O. RECOMMENDATION:**

APPROVE

BY:   
Elizabeth J. Olson

**County Executive Office Signature**

Policy ☒ Policy  
Consent ☒ Consent  
Consent ☐ Consent

Dep't Recomm.:  
Per Exec. Ofc.:

**Prev. Agn. Ref.:**

**District:** ALL

**Agenda Number:**

3.67

**BACKGROUND continued:**

As such, since the wages, hours, terms and conditions of employment for both groups will be negotiated with their bargaining representatives, Board Policy C-20 will be superseded by the collective bargaining agreements. Thus, with all attorneys other than management in represented units, we recommend that Board Policy C-20 be deleted.

The purpose of Board Policy C-25 is to educate employees and management on the County's commitment in preventing unlawful discrimination and/or harassment in employment, and the County's procedure for investigating and resolving internal complaints. The Human Resources Department recommends the following revisions to the Harassment Policy and Complaint Procedure:

- Add additional protected classes to comply with federal and State law.
- Language cleanup to correct grammatical and spelling errors, clarify definitions and prohibited behavior, and procedures for reporting alleged discrimination and harassment.
- Add the word "discrimination" to clarify that it is also covered under this policy by amending its title to "Discrimination and Harassment Policy and Complaint Procedure."
- Revise the Complaint Form to add a section that identifies the alleged parties.
- Revise the Complaint Form to identify the alleged acts of discrimination and/or harassment.

The recommended Board Policy C-25 with these revisions is attached.

**COUNTY OF RIVERSIDE, CALIFORNIA**  
**BOARD OF SUPERVISORS POLICY**

<b>Subject:</b>	<b><u>Policy Number</u></b>	<b><u>Page</u></b>
<b>COMPENSATION FOR MANAGEMENT LEVEL ATTORNEYS</b>	<b>C-20</b>	<b>1 of 1</b>

**Policy:**

It is the policy of the Board of Supervisors to maintain an appropriate and consistent compensation differential between attorney classes in management and staff attorney classifications.

In order to accomplish this, overall salary or benefit adjustments which may be granted to the represented attorney classes in the District Attorney's Office, will also be granted to management level attorney classes in the District Attorney, County Counsel and Public Defender's Offices.

**Reference:**

Minute Order 3.20 dated January 9, 1996

**COUNTY OF RIVERSIDE, CALIFORNIA  
BOARD OF SUPERVISORS POLICY**

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**DISCRIMINATION AND HARASSMENT POLICY  
AND COMPLAINT PROCEDURE**

**C-25**

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**PURPOSE:** The purpose of this policy is to establish a strong commitment to prohibit and to prevent unlawful discrimination and/or harassment in employment, and to set forth a procedure for investigating and resolving internal complaints of unlawful discrimination or harassment.

**POLICY:** Discrimination or hHarassment of an applicant or an employee by a supervisor, management employee, County Officer, or co-worker on the basis of actual or perceived race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, ~~or~~ sexual orientation, transgender issues, or other protected class will not be tolerated.

It is also the Policy of the Board of Supervisors to provide a work environment free from unwelcome sexual overtures, advances, or coercion.

Any retaliation against a person for filing a harassment complaint, reporting harassment, or participating in an investigation is prohibited. Employees found to be retaliating against another employee shall be subject to disciplinary action, which may include termination.

This policy applies to all workplace behaviors and forms and conditions of employment, including but not limited to, hiring, placement, promotion, disciplinary action, layoff, recall, transfer, leaves of absence, compensation and training. It applies to a County employee acting on behalf of the County on or off the job site.

Disciplinary action up to and including termination will be instituted for behaviors described in the definitions referred to below.

**DEFINITIONS**

Discrimination is any practice, process or action in the work place which works against equality of opportunity and against the ability of each person to be employed and to advance on the basis of merit, due to race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation, transgender issues, or other protected class.

Harassment may be verbal, physical, visual, or sexual. It may be made in general or directed to an individual, or a group of people. Harassment may occur regardless of whether the behavior was intended to harass. Harassers may be supervisors, managers, co-workers, contractors, or members of the public. General forms of harassment on the basis of race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation, transgender issues, or other protected class ——— Harassment includes, but ~~is~~ are not limited to, the following examples:

**-Verbal -** Speech, such as lewd propositioning, epithets, stereotypical or derogatory comments or slurs ~~on the basis of race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation.~~ This might include inappropriate sex-oriented comments or appearance, including dress or physical features, or race/ethnicity-oriented stories or jokes.



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**DISCRIMINATION AND HARASSMENT POLICY  
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**Physical acts** - such as assault, impeding or blocking movement, or offensive touching, or any physical interference within normal work or movement when directed at an individual ~~on the basis of race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation~~. This includes pinching, grabbing, patting, propositioning, leering, or making explicit or implied job threats or promises in return for submission to physical acts.

**Visual insults** - such as derogatory, ~~prejudicial, stereotypical, or otherwise offensive email messages, web pages, screen savers and other computer images; posters, photographs, cartoons, notes, notices, bulletins, or drawings; staring or leering related to race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation~~.

**Sexual Harassment** – ~~unsolicited or~~ unwanted sexual advances, requests ~~for~~ sexual favors and/or other acts of a sexual nature, where submission is made a term or condition of employment; where submission or rejection of the conduct is used as the basis for employment decisions; or where the conduct is intended to or actually does unnecessarily interfere with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

For the purpose of clarification, sexual harassment may include, but is not limited to:

1. Making unsolicited written, verbal, physical and/or visual contact with sexual overtones. Written examples: suggestive or obscene letters, notes or invitations. Verbal examples: comments on physical attributes, derogatory comments, slurs, jokes and epithets. Physical examples: assault, touching, following, impeding or blocking movements. Visual examples: leering, gestures, display of sexually suggestive objects, pictures, cartoons or posters.
2. Continuing to express sexual interest after being informed that such interest is unwelcome. (Reciprocal attraction is not considered sexual harassment.)
3. Making reprisals, threats of reprisal, or implied threats of reprisal following a negative response. For example, either implying or actually withholding support for an appointment, promotion, or change of assignment; suggesting a poor work performance evaluation will be prepared, or suggesting a demotion or probationary period will be extended or failed.
4. Engaging in implicit or explicit coercive sexual behavior, which is used to control, influence, or affect the career, salary, and/or work environment of another employee.
5. Offering favors of employment benefits such as, promotions, favorable work performance evaluations, favorable assigned duties or shifts, recommendations, reclassifications, etc., in exchange for sexual favors.

**Retaliation** – includes, but is not limited to discipline; transfer; denial of promotional opportunity, training or assignment; as a result of filing a complaint or participating in an investigation.

**COUNTY OF RIVERSIDE, CALIFORNIA**  
**BOARD OF SUPERVISORS POLICY**

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**DISCRIMINATION AND HARASSMENT POLICY  
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**COMPLAINT PROCEDURE:** An employee or job applicant who believes he or she has been harassed has a responsibility to immediately make a complaint either orally or in writing with any of the following:

- Immediate supervisor;
- Any supervisor or management employee/officer within the department, including the department head;
- Any supervisor or management employee/officer within the County of Riverside
- The Human Resources ~~Director for the County of Riverside~~Department.

Any supervisor or management employee, or county officer who receives a harassment complaint shall immediately notify the Human Resources ~~Director~~Department.

The employee or job applicant also has the right to file a complaint with the state Department of Fair Employment and Housing (DFEH) or the federal Equal Employment Opportunity Commission (EEOC).

**COMPLAINT INVESTIGATION:** Upon receiving notification of a harassment complaint the Department Head, the Human Resources Director or designee, shall:

1. Immediately authorize and supervise the investigation of the complaint. The investigation shall, at a minimum, include interviews with the complainant, the accused harasser, and any other persons the Department Head or the Human Resources Director has reason to believe may have relevant knowledge concerning the complaint.
2. Review the factual information gathered through the investigation to determine whether the alleged conduct constitutes harassment giving consideration to all actual information and the totality of the circumstance, including the nature of the visual, verbal, and/or physical conduct.
3. Take or recommend prompt and effective remedial action against the harasser if it is determined through the investigation that illegal harassment occurred.
4. Take reasonable steps to protect the complainant from further harassment and any retribution.
5. Take action to remedy the victim's loss, if any, which resulted from the harassment.

**COUNTY OF RIVERSIDE, CALIFORNIA  
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**DISCRIMINATION AND HARASSMENT POLICY  
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**REQUIREMENTS FOR MANAGERS AND SUPERVISORS**

- Set the example;
- Provide ALL personnel updated training and information concerning illegal sexual harassment and/or sexually hostile work environment;
- Take initial complaints seriously;
- Ensure that all managers and supervisors take immediate action;
- Investigate thoroughly each complaint in accordance with the County's internal Discrimination Complaint Procedure (attached);
- Disseminate this policy to all employees;
- Post federal and state employment posters, "Harassment of Discrimination in Employment is Prohibited by Law" in conspicuous places within the department; and
- Disseminate the State of California "Sexual Harassment is Forbidden by Law" brochure to all departmental employees.

**ACKNOWLEDGMENT OF MANDATORY COMPLIANCE WITH DISCRIMINATION AND HARASSMENT POLICY**

I hereby acknowledge receipt of the County of Riverside Sexual Harassment Policy. I understand that compliance with this policy is mandatory and violation of this policy may result in discipline up to and including termination.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (print)

**Reference:**

**Minute Order 3.15 dated 12.8.98  
(Resolution No. 98-363)**

**FOLLOWING ARE:**

**DISCRIMINATION AND HARASSMENT COMPLAINT PROCEDURE ATTACHMENT 'A'  
DISCRIMINATION AND HARASSMENT COMPLAINT FORM ATTACHMENT 'B'**



**COUNTY OF RIVERSIDE, CALIFORNIA**  
**BOARD OF SUPERVISORS POLICY**  
**Attachment 'A'**

<b>Subject:</b>	<b><u>Policy Number</u></b>	<b><u>Page</u></b>
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**COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT**  
**4080 LEMON STREET, POST OFFICE BOX 1569**  
**RIVERSIDE, CA 92509-1569**  
**PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: (951) 781-4465**

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**DISCRIMINATION AND HARASSMENT COMPLAINT PROCEDURE**

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**BASIS FOR FILING A COMPLAINT**

Alleged illegal discrimination or harassment based on race, color, national origin, ancestry, religion, sex, sexual orientation, age, physical disability (including HIV and AIDS), mental disability, medical condition, marital status, transgender issues, pregnancy, race, color, national origin, ancestry, religion, sex (including sexual orientation), age, physical disability (including HIV and AIDS), mental disability, medical condition, marital status or the denial of the provision of the federal Family & Medical Leave Act of 1993 (FMLA) or the California Family Rights Act of 1991 (CRFACFRA), or any other protected class.

**WHO MAY FILE**

County employees or applicants for County employment who believe they have been adversely affected by illegal discrimination or harassment concerning any term or condition of employment such as hiring, promotion, leaves of absence, termination, etc.

**COMPLAINT PROCEDURE**

An employee or job applicant, who believes he or she has been discriminated against harassed, has a responsibility to immediately make a complaint either orally or in writing with any of the following: immediate supervisors; any supervisor or management employee/officer within the department, including the Agency/Department Head; any County of Riverside supervisor or management employee/officer or the Human Resources Director for the County of Riverside Department. (Any supervisor or management employee, or county officer who receives a harassment complaint shall immediately notify the County's Human Resources Director).

The employee or job applicant also has the right to file a complaint with the state Department of Fair Employment and Housing (DFEH) or the federal Equal Employment Opportunity Commission (EEOC).

**WHEN TO FILE**

A complaint which is determined to be appropriate for investigation should be filed with the County of Riverside within 90 calendar days of the alleged incidence or occurrence.

**THE INVESTIGATION**

The assigned investigator serves as a neutral third party in seeking the facts and attempting to determine whether illegal discrimination did take place. Consequently, the assigned investigator does not function as the advocate of the complainant ~~nor~~ of the County.

The Human Resources Director, or designee, will evaluate the information gathered within the investigation. If the complaint is substantiated, the Human Resources Director, or designee, will ~~advise~~ apprise the Agency/Department Head or other appropriate County official(s) in order to remedy the situation and eliminate the practices which caused the problem. Complainants will be advised, in writing, of findings and conclusions.

**POINT TO REMEMBER**

There are employment practices which may be unfair but are not illegal. Unless you have some information to support your belief of being illegally discriminated against or harassed in connection with one of the above listed bases, your complaint may not be accepted or substantiated.



You are, however, welcome to discuss your complaint with a representative of the Human Resources Department in order to examine its merits. Representatives of the Human Resources ~~Director~~Department, managers, officers and supervisors cannot promise confidentiality; if it appears illegal discrimination did occur, steps must be taken to affect an appropriate remedy.

**COUNTY OF RIVERSIDE, CALIFORNIA  
BOARD OF SUPERVISORS POLICY**

**Attachment 'B'**

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**DISCRIMINATION AND HARASSMENT POLICY  
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**COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT**

**4080 LEMON STREET, POST OFFICE BOX 1569**

**RIVERSIDE, CA 92509-1569**

**PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: (951) 781-4465**

**DISCRIMINATION AND HARASSMENT COMPLAINT FORM**

**(Please Type or Print Using Ink)**

**I. NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY/ZIP CODE:** \_\_\_\_\_  
**CLASS TITLE:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_  
**PHONE: BUSINESS ( )** \_\_\_\_\_ **HOME: ( )** \_\_\_\_\_

**I prefer to be contacted at: WORK ☐ HOME ☐ DAYS ☐ TIME \_\_\_\_\_ AM/PM**

**Person to contact if I cannot be reached:** \_\_\_\_\_

**Telephone number of contact person: ( )** \_\_\_\_\_

**II. Name/Title of person(s) or department(s) you believe discriminated against or harassed you?**

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

**How do you feel you were discriminated against or harassed? (Please indicate only those which apply)**

- a. Misinterpretation or misapplication of Memorandum of Understanding, Management Resolution, or Salary Ordinance:** \_\_\_\_\_
- b. Probationary Release:** \_\_\_\_\_
- c. Other (specify):** \_\_\_\_\_

**III. On what basis do you feel you were discriminated against?**

**(Indicate only those which apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Sexual Orientation  | <input type="checkbox"/> Family & Medical Leave Act   |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Transgender Issue   | <input type="checkbox"/> CA. Family Rights Act        |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> CA. Pregnancy Disability Act |
| <input type="checkbox"/> Ancestry        | <input type="checkbox"/> Mental Disability   | <input type="checkbox"/> Marital Status               |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Medical Condition   | <input type="checkbox"/> Religion                     |
| <input type="checkbox"/> Sex             | <input type="checkbox"/> Pregnancy           | <input type="checkbox"/> Retaliation                  |

**COUNTY OF RIVERSIDE, CALIFORNIA  
BOARD OF SUPERVISORS POLICY  
Attachment 'B'**

**Subject:**

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**DISCRIMINATION AND HARASSMENT POLICY  
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**IV. Date of most recent occurrence which gave rise to alleged discrimination or harassment:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**What reasons, if any, were given to you by the County for the action taken?**

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**V. What information do you have to indicate you were affected by discrimination? Please be as specific as possible and include all pertinent dates, names and incidents involving the alleged discrimination.**

*(Use the back of the page or attach a separate sheet, if needed. **Please feel free to also provide additional documentation as attachments to support your complaint**)*

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**VI. What reasons, if any, were given to you by the County for the action taken?**

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**VII. Why do you believe the unfair treatment you described was based on the cause(s) of discrimination or harassment you checked?**

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**VI. Have you filed a grievance regarding this matter? YES ☐ NO ☐**

**Date grievance was filed (if applicable):**

**Organization: \_\_\_\_\_ Representative: \_\_\_\_\_**

COUNTY OF RIVERSIDE, CALIFORNIA  
**BOARD OF SUPERVISORS POLICY**  
Attachment 'B'

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Do you have an attorney?    YES   ☐    NO   ☐

If so, please provide name, address and telephone number:

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

Have you filed a complaint relative to this matter with any other agency?

If so, please check the appropriate space:

☐ Equal Employment Opportunity Commission

Date: \_\_\_\_\_

☐ California Department of Fair Employment and Housing

Date: \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

Date: \_\_\_\_\_

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**IX.    Specify actions that have been taken to resolve the complaint informally:**

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

**X.    State names, job titles and phone numbers (if possible) of witnesses you feel can provide evidence:**

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

**XI.    What action do you request the County to take?**

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

My signature hereby authorized the assigned investigator to gather all essential information in the investigation of my complaint, and if necessary, to share this information with other parties involved in the resolution of this complaint.

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SIGNATURE OF COMPLAINANT

---

DATE



**COUNTY OF RIVERSIDE, CALIFORNIA**  
**BOARD OF SUPERVISORS POLICY**

<b>Subject:</b>	<b><u>Policy Number</u></b>	<b><u>Page</u></b>
<b>DISCRIMINATION AND HARASSMENT POLICY AND COMPLAINT PROCEDURE</b>	<b>C-25</b>	<b>1 of 4</b>

**PURPOSE:** The purpose of this policy is to establish a strong commitment to prohibit and to prevent unlawful discrimination and/or harassment in employment, and to set forth a procedure for investigating and resolving internal complaints of unlawful discrimination or harassment.

**POLICY:** Discrimination or harassment of an applicant or an employee by a supervisor, management employee, County Officer, or co-worker on the basis of actual or perceived race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, sexual orientation, transgender issues, or other protected class will not be tolerated.

It is also the Policy of the Board of Supervisors to provide a work environment free from unwelcome sexual overtures, advances, or coercion.

Any retaliation against a person for filing a harassment complaint, reporting harassment, or participating in an investigation is prohibited. Employees found to be retaliating against another employee shall be subject to disciplinary action, which may include termination.

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Disciplinary action up to and including termination will be instituted for behaviors described in the definitions referred to below.

**DEFINITIONS**

**Discrimination** is any practice, process or action in the work place which works against equality of opportunity and against the ability of each person to be employed and to advance on the basis of merit, due to race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation, transgender issues, or other protected class.

**Harassment** may be verbal, physical, visual, or sexual. It may be made in general or directed to an individual, or a group of people. Harassment may occur regardless of whether the behavior was intended to harass. Harassers may be supervisors, managers, co-workers, contractors, or members of the public. General forms of harassment on the basis of race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy, or sexual orientation, transgender issues, or other protected class include, but are not limited to, the following examples:

**Verbal** - Speech, such as lewd propositioning, epithets, stereotypical or derogatory comments or slurs. This might include inappropriate sex-oriented comments or appearance, including dress or physical features, or race/ethnicity-oriented stories or jokes.

**COUNTY OF RIVERSIDE, CALIFORNIA**  
**BOARD OF SUPERVISORS POLICY**

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**Physical acts** - such as assault, impeding or blocking movement, or offensive touching, or any physical interference within normal work or movement when directed at an individual. This includes pinching, grabbing, patting, propositioning, leering, or making explicit or implied job threats or promises in return for submission to physical acts.

**Visual insults** - such as derogatory, prejudicial, stereotypical, or otherwise offensive email messages, web pages, screen savers and other computer images; posters, photographs, cartoons, notes, notices, bulletins, or drawings; staring or leering.

**Sexual Harassment** – unsolicited or unwanted sexual advances, requests for sexual favors and/or other acts of a sexual nature, where submission is made a term or condition of employment; where submission or rejection of the conduct is used as the basis for employment decisions; or where the conduct is intended to or actually does unnecessarily interfere with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

For the purpose of clarification, sexual harassment may include, but is not limited to:

1. Making unsolicited written, verbal, physical and/or visual contact with sexual overtones. Written examples: suggestive or obscene letters, notes or invitations. Verbal examples: comments on physical attributes, derogatory comments, slurs, jokes and epithets. Physical examples: assault, touching, following, impeding or blocking movements. Visual examples: leering, gestures, display of sexually suggestive objects, pictures, cartoons or posters.
2. Continuing to express sexual interest after being informed that such interest is unwelcome. (Reciprocal attraction is not considered sexual harassment.)
3. Making reprisals, threats of reprisal, or implied threats of reprisal following a negative response. For example, either implying or actually withholding support for an appointment, promotion, or change of assignment; suggesting a poor work performance evaluation will be prepared, or suggesting a demotion or probationary period will be extended or failed.
4. Engaging in implicit or explicit coercive sexual behavior, which is used to control, influence, or affect the career, salary, and/or work environment of another employee.
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**Retaliation** – includes, but is not limited to discipline; transfer; denial of promotional opportunity, training or assignment; as a result of filing a complaint or participating in an investigation.

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**DISCRIMINATION AND HARASSMENT POLICY  
AND COMPLAINT PROCEDURE**

**C-25**

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**COMPLAINT PROCEDURE:** An employee or job applicant who believes he or she has been harassed has a responsibility to immediately make a complaint either orally or in writing with any of the following:

- Immediate supervisor;
- Any supervisor or management employee/officer within the department, including the department head;
- Any supervisor or management employee/officer within the County of Riverside
- The Human Resources Department.

Any supervisor or management employee, or county officer who receives a harassment complaint shall immediately notify the Human Resources Department.

The employee or job applicant also has the right to file a complaint with the state Department of Fair Employment and Housing (DFEH) or the federal Equal Employment Opportunity Commission (EEOC).

**COMPLAINT INVESTIGATION:** Upon receiving notification of a harassment complaint the Department Head, the Human Resources Director or designee, shall:

1. Immediately authorize and supervise the investigation of the complaint. The investigation shall, at a minimum, include interviews with the complainant, the accused harasser, and any other persons the Department Head or the Human Resources Director has reason to believe may have relevant knowledge concerning the complaint.
2. Review the factual information gathered through the investigation to determine whether the alleged conduct constitutes harassment giving consideration to all actual information and the totality of the circumstance, including the nature of the visual, verbal, and/or physical conduct.
3. Take or recommend prompt and effective remedial action against the harasser if it is determined through the investigation that illegal harassment occurred.
4. Take reasonable steps to protect the complainant from further harassment and any retribution.
5. Take action to remedy the victim's loss, if any, which resulted from the harassment.

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**REQUIREMENTS FOR MANAGERS AND SUPERVISORS**

- Set the example;
- Provide ALL personnel updated training and information concerning illegal sexual harassment and/or sexually hostile work environment;
- Take initial complaints seriously;
- Ensure that all managers and supervisors take immediate action;
- Investigate thoroughly each complaint in accordance with the County's internal Discrimination Complaint Procedure (attached);
- Disseminate this policy to all employees;
- Post federal and state employment posters, "Harassment of Discrimination in Employment is Prohibited by Law" in conspicuous places within the department; and
- Disseminate the State of California "Sexual Harassment is Forbidden by Law" brochure to all departmental employees.

**ACKNOWLEDGMENT OF MANDATORY COMPLIANCE WITH DISCRIMINATION AND HARASSMENT POLICY**

I hereby acknowledge receipt of the County of Riverside Sexual Harassment Policy. I understand that compliance with this policy is mandatory and violation of this policy may result in discipline up to and including termination.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (print)

**Reference:  
Minute Order 3.15 dated 12.8.98  
(Resolution No. 98-363)**

**FOLLOWING ARE:**

**DISCRIMINATION AND HARASSMENT COMPLAINT PROCEDURE ATTACHMENT 'A'  
DISCRIMINATION AND HARASSMENT COMPLAINT FORM ATTACHMENT 'B'**



**COUNTY OF RIVERSIDE, CALIFORNIA  
BOARD OF SUPERVISORS POLICY  
Attachment 'A'**

<b>Subject:</b>	<b><u>Policy Number</u></b>	<b><u>Page</u></b>
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**COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT  
4080 LEMON STREET, POST OFFICE BOX 1569  
RIVERSIDE, CA 92509-1569  
PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: (951) 781-4465**

**DISCRIMINATION AND HARASSMENT COMPLAINT PROCEDURE**

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**BASIS FOR FILING A COMPLAINT**

Alleged illegal discrimination or harassment based on race, color, national origin, ancestry, religion, sex, sexual orientation, age, physical disability (including HIV and AIDS), mental disability, medical condition, marital status, transgender issues, pregnancy, or the denial of the provision of the federal Family & Medical Leave Act of 1993 (FMLA) or the California Family Rights Act of 1991 (CFRA), or any other protected class..

**WHO MAY FILE**

County employees or applicants for County employment who believe they have been adversely affected by illegal discrimination or harassment concerning any term or condition of employment such as hiring, promotion, leaves of absence, termination, etc.

**COMPLAINT PROCEDURE**

An employee or job applicant, who believes he or she has been discriminated against harassed, has a responsibility to immediately make a complaint either orally or in writing with any of the following: immediate supervisors; any supervisor or management employee/officer within the department, including the Agency/Department Head; any County of Riverside supervisor or management employee/officer or the Human Resources Department. (Any supervisor or management employee, or county officer who receives a harassment complaint shall immediately notify the County's Human Resources Director).

The employee or job applicant also has the right to file a complaint with the state Department of Fair Employment and Housing (DFEH) or the federal Equal Employment Opportunity Commission (EEOC).

**WHEN TO FILE**

A complaint which is determined to be appropriate for investigation should be filed with the County of Riverside within 90 calendar days of the alleged incidence or occurrence.

**THE INVESTIGATION**

The assigned investigator serves as a neutral third party in seeking the facts and attempting to determine whether illegal discrimination did take place. Consequently, the assigned investigator does not function as the advocate of the complainant or of the County.

The Human Resources Director, or designee, will evaluate the information gathered within the investigation. If the complaint is substantiated, the Human Resources Director, or designee, will advise the Agency/Department Head or other appropriate County official(s) in order to remedy the situation and eliminate the practices which caused the problem. Complainants will be advised, in writing, of findings and conclusions.

**POINT TO REMEMBER**

There are employment practices which may be unfair but are not illegal. Unless you have some information to support your belief of being illegally discriminated against or harassed in connection with one of the above listed bases, your complaint may not be accepted or substantiated.

You are, however, welcome to discuss your complaint with a representative of the Human Resources Department in order to examine its merits. Representatives of the Human Resources Department, managers, officers and supervisors cannot promise confidentiality; if it appears illegal discrimination did occur, steps must be taken to affect an appropriate remedy.

**COUNTY OF RIVERSIDE, CALIFORNIA  
BOARD OF SUPERVISORS POLICY  
Attachment 'B'**

**Subject:**

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**DISCRIMINATION AND HARASSMENT POLICY  
AND COMPLAINT PROCEDURE**

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PHONE: (951) 955-3510 / FAX: (951) 955-9816 / TTY: (951) 781-4465**

**DISCRIMINATION AND HARASSMENT COMPLAINT FORM  
(Please Type or Print Using Ink)**

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**I.      NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY/ZIP CODE:** \_\_\_\_\_  
**CLASS TITLE:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_  
**PHONE: BUSINESS (    )** \_\_\_\_\_ **HOME: (    )** \_\_\_\_\_

**I prefer to be contacted at: WORK ☐ HOME ☐ DAYS ☐ TIME \_\_\_\_\_ AM/PM**

**Person to contact if I cannot be reached:** \_\_\_\_\_

**Telephone number of contact person: (    )** \_\_\_\_\_

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**II.      Name/Title of person(s) or department(s) you believe discriminated against or harassed you?**

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

**How do you feel you were discriminated against or harassed? (Please indicate only those which apply)**

- a. Misinterpretation or misapplication of Memorandum of Understanding, Management Resolution, or Salary Ordinance:** \_\_\_\_\_
- b. Probationary Release:** \_\_\_\_\_
- c. Other (specify):** \_\_\_\_\_

**III.      On what basis do you feel you were discriminated against?**

**(Indicate only those which apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Sexual Orientation  | <input type="checkbox"/> Family & Medical Leave Act   |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Transgender Issue   | <input type="checkbox"/> CA. Family Rights Act        |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> CA. Pregnancy Disability Act |
| <input type="checkbox"/> Ancestry        | <input type="checkbox"/> Mental Disability   | <input type="checkbox"/> Marital Status               |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Medical Condition   | <input type="checkbox"/> Religion                     |
| <input type="checkbox"/> Sex             | <input type="checkbox"/> Pregnancy           | <input type="checkbox"/> Retaliation                  |

**COUNTY OF RIVERSIDE, CALIFORNIA  
BOARD OF SUPERVISORS POLICY  
Attachment 'B'**

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**IV. Date of most recent occurrence which gave rise to alleged discrimination or harassment:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**What reasons, if any, were given to you by the County for the action taken?**

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**V. What information do you have to indicate you were affected by discrimination? Please be as specific as possible and include all pertinent dates, names and incidents involving the alleged discrimination.**

*(Use the back of the page or attach a separate sheet, if needed. Please feel free to also provide additional documentation as attachments to support your complaint)*

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**VI. What reasons, if any, were given to you by the County for the action taken?**

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**VII. Why do you believe the unfair treatment you described was based on the cause(s) of discrimination or harassment you checked?**

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**VI. Have you filed a grievance regarding this matter? YES ☐ NO ☐**

**Date grievance was filed (if applicable):** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Representative:** \_\_\_\_\_

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Do you have an attorney?    YES    ☐    NO    ☐

If so, please provide name, address and telephone number:

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

Have you filed a complaint relative to this matter with any other agency?

If so, please check the appropriate space:

☐ Equal Employment Opportunity Commission                      Date: \_\_\_\_\_

☐ California Department of Fair Employment and Housing                      Date: \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_ Date: \_\_\_\_\_

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IX.    Specify actions that have been taken to resolve the complaint informally:

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

X.    State names, job titles and phone numbers (if possible) of witnesses you feel can provide evidence:

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

XI.    What action do you request the County to take?

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

My signature hereby authorized the assigned investigator to gather all essential information in the investigation of my complaint, and if necessary, to share this information with other parties involved in the resolution of this complaint.

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SIGNATURE OF COMPLAINANT

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DATE