

OREGON DEPARTMENT OF ENERGY

Internal Policies and Procedures



**Subject: Discrimination and Harassment Free
Workplace Policy**
Policy Number: EMP-12
Policy Owner: Assoc. Director, Human Resources
Effective Date: October 7, 2024

Approved: [SIGNATURE ON FILE]
Janine Benner, Director

Applicability:

This policy applies to all employees, including limited-duration and temporary employees, board and commission members, volunteers, and interns, contractors, and prospective employees of the Oregon Department of Energy.

Purpose:

To administer the Department of Administrative Services (DAS) Statewide Discrimination and Harassment Free Workplace policy, 50.010.01 as agency policy and provide a procedure for complaints of discrimination, harassment, and sexual assault.

Policy:

The Oregon Department of Energy is committed to a discrimination, harassment, and intimidation free work environment. DAS Statewide Discrimination and Harassment Free Workplace policy 50.010.01 outlines types of prohibited conduct and procedures for reporting and investigating prohibited conduct. ODOE adopts as agency policy the DAS Statewide Discrimination and Harassment Free Workplace policy as agency policy.

ODOE designates the Associate Director of Human Resources to serve as the designated individual responsible for receiving reports of prohibited conduct under DAS policy 50.010.01, (discrimination, workplace harassment, sexual harassment, sexual assault, workplace intimidation, or employment or settlement agreements containing prohibited provisions). ODOE further designates the agency Director to serve as the alternate designated individual for this purpose. Current contact information for the Associate Director of Human Resources and the agency Director shall be maintained on the agency's directory found on SharePoint and on the agency's external website so the information is available to employees and external partners. Both individuals are on the enterprise-wide Microsoft Outlook global address list available to all state employees.

Procedures:

Statewide Policy 50.010.01 outlines the procedures for reporting a complaint and subsequent actions. Reports may be made orally or in writing. The state complaint form for complaints of discrimination, harassment, and workplace issue(s) is attached.

Anyone who is subject to or aware of what they believe to be discrimination, workplace harassment, sexual harassment, sexual assault, workplace intimidation, or employment or settlement agreements containing prohibited provisions should report that behavior to the designated individual or alternate.

Employees making a report of what they believe to be discrimination, workplace harassment, sexual harassment, sexual assault, or workplace intimidation may also report that behavior to others identified in DAS Policy 50.010.01.

If the complaint is made to an ODOE supervisor or other ODOE manager, that supervisor or manager shall promptly notify the Associate Director of Human Resources as the designated individual or the alternate designated individual, the agency Director. The Associate Director of Human Resources will be responsible to facilitate an investigation and response to the complaint.

ODOE supervisors or managers must consult with the Associate Director of Human Resources and prevent and correct any discrimination, workplace harassment, workplace intimidation, sexual harassment, sexual assault, or related settlement agreements containing prohibited provisions.

Upon receipt of a report of prohibited discrimination, workplace harassment, sexual harassment, sexual assault, or workplace intimidation the designated individual or alternate shall provide a copy of DAS Policy 50.010.01 and ODOE Policy EMP-12 to the employee. The designated individual and alternate shall maintain appropriate records of all complaints and follow DAS policy 50.010.01 in its entirety.

References:

- [DAS Statewide Discrimination and Harassment Free Workplace policy, 50.010.01](#)

History:

- March 1, 2005: Policy issued.
- August 1, 2008: Policy re-issued to adopt DAS Statewide policy 50.010.01 as agency policy.
- October 16, 2019: Policy revised to include provisions of DAS Statewide policy effective October 10, 2019, added internal procedures and updated the policy format.
- October 7, 2024: Policy revised to provide clarity and to align with updated language in DAS policy 50.010.01.

Attachments:

Complaint Form for complaints of discrimination, harassment, and workplace issue(s)



COMPLAINT FORM

DISCRIMINATION, HARASSMENT AND WORKPLACE ISSUE(S)

DISCLOSURE

Filing a written complaint is voluntary. Oregon state government takes all complaints of discrimination, harassment, unethical, unfair or unprofessional conduct seriously. Information submitted on this form is treated confidentially. Names and other identifying information is disclosed when it is necessary for investigation purposes. It is illegal to be intimidated, threatened, coerced, discriminated or retaliated against for filing this complaint. You are not required to use this form.

PLEASE PRINT OR TYPE (Attach extra pages as necessary.)

YOUR NAME

EMPLOYEE ID #

HOME PHONE (Please include area code)

WORK PHONE (Please include area code)

STREET ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS (If available)

ALTERNATE CONTACT METHOD (If applicable)

AGENCY / DIVISION / SECTION

WORK LOCATION

PLEASE IDENTIFY THE PERSON(S) AND/OR DIVISION/SECTION AGAINST WHOM/WHICH YOU ARE FILING THIS COMPLAINT.

NAME(S) OF ACCUSED

AGENCY / DIVISION / SECTION

PHONE NUMBER

PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO YOUR COMPLAINT (Attach additional pages as necessary).

Describe what happened. Please be as specific as possible including dates.

How does this adversely / negatively impact you?

Witnesses. List all names and positions of anyone who witnessed the conduct or incident.

Have you attempted to resolve the concern? If so, please describe in detail.

Do you believe that the action(s) taken against you were because of a protected class*?

**Protected class may include the following (for a complete list refer to State HR Policy, Discrimination and Harassment Free Workplace 50.010.01): age, color, disability, sex, family medical leave, medical condition, religion, national origin/ancestry, race, sexual orientation, veteran status.*

SIGNATURE (Please sign and date this form. You do not need to sign if submitting via email, email submission represents signature.)

EMPLOYEE SIGNATURE _____

DATE _____

PLEASE INCLUDE ANY DOCUMENTATION YOU BELIEVE IS RELEVANT TO YOUR COMPLAINT.

RETURN THIS FORM TO:

OREGON DEPARTMENT OF ENERGY
HUMAN RESOURCES OFFICE
550 CAPITOL ST. NE
SALEM, OR 97301
FAX #: 503-934-4006
EMAIL: LINDA.BURES@ENERGY.OR.US

FOR AGENCY HR USE ONLY. THIS FORM WAS COMPLETED BY:

- | | |
|--|--|
| <input type="checkbox"/> Complainant (employee filing the complaint) | <input type="checkbox"/> HR Employee (name) _____ |
| <input type="checkbox"/> Another employee (on behalf of complainant) | <input type="checkbox"/> Manager / Supervisor (name) _____ |
| <input type="checkbox"/> Other (specify) _____ | |

FOR AGENCY HR USE ONLY. THE INFORMATION ON THIS FORM WAS GATHERED:

- | | |
|--|--|
| <input type="checkbox"/> By phone | <input type="checkbox"/> In person |
| <input type="checkbox"/> Submitted by the complainant. | <input type="checkbox"/> Other (specify) _____ |



COMPLAINANT CONSENT FORM

DISCLOSURE OF IDENTITY DURING INVESTIGATION

In order to expedite the investigation of your complaint, please read, sign, and return a copy of this consent form with your complaint. Please make a copy for your records.

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary to reveal my identity or identifying information about me to person(s) at the entity or agency under investigation or to other persons, agencies, or entities.
- I also understand that it may be necessary to disclose personally identifying information, gathered as a part of the investigation of my complaint.
- In addition, I understand that as a complainant I am protected from being intimidated, threatened, coerced, retaliated, or discriminated against because I have made a complaint, testified, assisted, or participated in any manner in mediation, investigation, hearing, proceeding, or any other part of this investigation.

PLEASE PRINT OR TYPE

YOUR NAME

EMPLOYEE ID #

HOME PHONE (Please include area code)

WORK PHONE (Please include area code)

STREET ADDRESS

CITY, STATE, ZIP

SIGNATURE *(Please sign and date this form. You do not need to sign if submitting via email, email submission represents signature.)*

EMPLOYEE SIGNATURE

DATE