

CITY OF WAUSAU Human Resources Department 407 Grant Street · Wausau WI 54403 Phone 715-261-6630

# POLICY

| DATE: 10/28/2011            |   |  |  |  |
|-----------------------------|---|--|--|--|
| EFFECTIVE DATE: Immediately |   |  |  |  |
| TITLE:                      | Violence in the Workplace Policy  |  |  |  |
| ISSUER:                     | Human Resources   |  |  |  |
| COVERAGE:                   | All employees   |  |  |  |
| AUTHORITY:                  | Common Council, Resolution File Number 08-0719                                |  |  |  |
| DURATION:                   | Indefinite  |  |  |  |
| SYNOPSIS:                   | Provides updated language necessitated by Wisconsin's new concealed carry law |  |  |  |
|                             | effective November 1 <sup>st</sup> , 2011.                                    |  |  |  |

**Special Instructions**: Initial implementation is to be conducted by the respective manager, who is to review the changes to this policy with all their staff, on or before November  $1^{st}$ , 2011. Managers are to review this policy with all new employees at the time of new employee orientation. Managers are responsible for annual review of this policy with all employees.

## I. PURPOSE

The City of Wausau is committed to providing a safe workplace for its employees and a safe environment for the citizens of the community, and has a zero tolerance policy toward any intimidating, threatening or violent behavior at the workplace. This policy applies to any form of workplace violence occurring on the worksite, or involving City employees engaged in the performance of their work duties whether on or off the worksite. Violence occurring at other locations involving City employees will come under this policy if it adversely affects the interests of the City. In addition, this policy applies to domestic violence situations when physical harm, threat of harm or fear of harm creates a safety issue for any employee while performing their job. Domestic violence threats at work must be met with the same level of response as any other kind of threat. Managers will work to the extent reasonably possible to ensure that employees are free from intimidating, threatening and violent behavior while at work.

## **II. POLICY**

Employees who display intimidating, threatening and/or violent behavior will be held accountable under City policy and work rules, as well as local, state and federal law. An employee who harasses, threatens, bullies, humiliates, coerces, calls names, makes offensive jokes/comments, disrespects, isolates, ignores, attempts to or inflicts bodily harm to co-workers, representatives of other agencies, or members of the general public; or damages/messes with another's property/personal items, is in violation of this policy. All City employees are responsible for committing to and becoming involved in the prevention of workplace violence and promotion of a safe work environment. This policy must be followed as minimum by all employees. However, departments may implement a more strict policy, provided that department puts the policy in writing and adds it as an appendix to this document.

## A. Prevention Techniques

Often violence occurs in the workplace after a series of unheeded warning signs. A troubled employee may make overt threats, exhibit personality changes, or show signs of severe depression. If an employee feels these signs are being ignored, they may feel justified in moving to the next level. Prevention starts with these early warning signs and making those in authority aware of employee behavior which could signal a potentially violent act.

1. Early Warning Signs

There is not one single profile that identifies a potentially violent individual. However, based on historical incidents in the United States, the following identifying factors have been recognized:

- History of violence;
- Romantic obsession that is ignored or rejected;
- Chemical dependence;
- Severe depression due to personal problems;
- Pathological blaming of others;
- High frustration with an individual's work or personal environment;
- Fascination with guns or other weapons;
- Fascination with violence or terrorism;
- Substitution of work for family or friends;
- Paranoia or belief that the system is unfair;
- Inability to accept criticism;
- Does not accept responsibility for their actions;
- Intimidating, harassing or threatening behavior;
- Uneven job performance and large mood swings;
- Moral or political intolerance;
- Social isolation to low self-esteem;
- Chronic disputes with co-workers or supervisors.
- 2. Sequence of Workplace Violence

Acts of violence are often preceded by the following sequence of events:

- a. The perpetrator suffers some type of trauma that creates extreme tension or anxiety. This may result from a single major event (actual or perceived) or a series of cumulative minor events.
- b. The perpetrator perceives that their problems cannot be resolved.
- c. The perpetrator blames someone else (i.e. supervisor, co-worker, spouse, etc.) for the situation or problem.
- d. The perpetrator's frame of reference becomes increasingly egocentric.
- e. Self-preservation and self-protection gradually become the person's sole objective.
- f. A violent act is perceived as the only way to resolve the situation.
- g. A violent act is attempted or committed.

## **B.** Responsibilities and Reporting Procedures

- 1. Employee Responsibilities
- a. All City employees have a responsibility to notify their immediate supervisor, or in the absence of their supervisor, another supervisor, of any intimidating, threatening or violent behavior that they witness, receive or have been told that another person has witnessed or received. In addition to notifying a supervisor, the appropriate authorities should be contacted, which include, but are not limited to: the appropriate City police department, fire department or emergency ambulance services.
- b. Employee involvement entails understanding and complying with the prevention program and security measures; making suggestions for improving safety and security issues;

participating in problem solving sessions; conducting inspections and making recommendations for corrective strategies; and participating in training and education programs that cover techniques to recognize escalating agitation, assaultive behavior or criminal intent, and discussing appropriate responses.

- 2. Management Responsibilities
- a. All managers have a responsibility to review this policy with new employees and periodically review this policy with all employees within their department. Additionally, they are responsible for maintaining a working environment that is as safe as reasonably possible for City employees. Supervisors can help prevent workplace violence and threats by: knowing the early behavior pattern warning signs, knowing the sequence of workplace violence, and reducing the risk of violence. Periodic employee surveys should be conducted for ideas on the potential for violence, holes in security and other risk factors.
- b. If information received determines there may be potential for a threatening or violent situation, it is the manager's responsibility to immediately notify the Department Head and the City Attorney/Human Resources Director, in addition to advising the employee what authorities to contact, and to notify the appropriate authorities if the employee involved in the incident cannot. Managers are required to maintain a written record that documents the incident until such time as that information is turned over to the Human Resources Director.

## C. Retaliation

- 1. Retaliation against any employee for filing a complaint of workplace violence, or for assisting, testifying, or participating in the investigation of such a complaint, is illegal and is prohibited by the City and by federal laws.
- 2. Retaliation is a form of employee misconduct. Any evidence of retaliation shall be considered a separate violation of this policy and shall be handled by the same complaint procedures established for workplace violence complaints.
- 3. Monitoring to ensure that retaliation does not occur is the responsibility of the Department Head, Human Resources Director, manager, and supervisors.

## **D. Restraining Orders**

- 1. Individuals who apply for and obtain a protective or restraining order must provide to their manager:
  - a. A copy of the petition and declaration used to seek the order.
  - b. A copy of any temporary protective restraining order and/or
  - c. A copy of a protective restraining order that is made permanent.
- 2. In cases of potential discrimination and/or sexual harassment allegations or charges, managers are obligated to notify Human Resources and to begin the investigatory process.

## **III. DEFINITIONS**

## A. Intimidation or Threat

- 1. Implication or expression of intent to inflict physical or emotional harm and/or actions that a reasonable person would perceive as a threat to personal safety or property.
- 2. Words or actions which cause a person to avoid social contact or to do or refrain from doing an act, including supervisory discipline, by inducing fear.
  - 3. Threatening behaviors include, but are not limited to:
    - a. Non-verbal threats (i.e. glaring, staring with the intent to intimidate, or insulting gestures).

- b. Mail, facsimile, messages, phone calls, e-mail or any correspondence deemed by a reasonable person to be intimidating, threatening or coercing.
- c. Intimidating, stalking or coercing fellow employees on or off premises at any time, for any purpose, that in the employer's judgment affects the interest of the City.

## **B.** Violence

- 1. Any direct, conditional or implied threat, intentional act or other conduct which reasonably arouses fear, hostility, intimidation or the apprehension of harm in its target or witnesses, regardless of the location of such acts.
- 2. Workplace violence: Includes vandalism or the destruction of property at the worksite belonging to an employee, citizen, vendor or the City. The City property includes all items owned or leased.
- 3. Prohibitions: the City prohibits employees from entering City buildings carrying a firearm or weapon of any kind regardless of whether that person is licensed to carry the weapon or not. Further, the City prohibits employees from carrying a weapon in City-owned vehicles. The only exception to this policy is for sworn law enforcement officers, or other persons who act in the interest of the City and have written consent by the Police Chief to carry a weapon in City buildings. Nothing in this policy prohibits an individual from keeping a weapon in his/her vehicle to the extent required by law.

## C. Weapon

Weapon means any device which is designed, used, or intended to be used in a manner that is calculated or likely to produce property damage, personal injury, or death. Weapons are further defined in 939.22(10), "dangerous weapon", Wisconsin State Statutes.

## D. Workplace/Worksite

Any location where employees are carrying out their job duties or are contacted for reasons related to their job duties.

## ASSAULT/THREAT REPORT

| EMPLOYEE  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Name  | Telephone Number:<br>Work: Home:   |  |  |  |  |  |  |
| Work Office Address (street, city, state, zip)                  | Employee Classification  |  |  |  |  |  |  |
| Manager's Name  | Manager's Telephone Number;  |  |  |  |  |  |  |
| INCIDENT  |  |  |  |  |  |  |  |
| Name of Assaulter/Threatener:                                   | Are they an employee?<br>Yes No  |  |  |  |  |  |  |
| Date of Assault/Threat:   | Location:  |  |  |  |  |  |  |
| Assault/Threat was from: Personal Confrontation Please Explain: | ion Telephone Conversation Other   |  |  |  |  |  |  |
|   | ny? Provide information below and attach their remain anonymous due to the concern of retaliation by the |  |  |  |  |  |  |
| <b>WITNESSES</b> (If additional witnesses, provide              | e information on attached sheet of paper.)   |  |  |  |  |  |  |
| Witness 1 – Name  | Telephone NumberWork:Home:   |  |  |  |  |  |  |
| Address (street, city, state, zip)                              | Witness Role (employee, customer)  |  |  |  |  |  |  |
| Witness 2 – Name  | Telephone Number:<br>Work: Home:   |  |  |  |  |  |  |
| Address (street, city, state, zip)                              | Witness Role (employee, customer)  |  |  |  |  |  |  |
| IF ASSAULTED, answer the following questions:                   |  |  |  |  |  |  |  |
| 1. What started the assault?                                    |  |  |  |  |  |  |  |
| 2. What did the person say when you were ass                    | aulted?  |  |  |  |  |  |  |
| 3. What was used to hit/strike/injure you?                      |  |  |  |  |  |  |  |
| 4. What injuries did you sustain? Was medica                    | 1 treatment necessary?   |  |  |  |  |  |  |
| 5. How did the assault end?                                     |  |  |  |  |  |  |  |
| 6. How did you leave the assault site?                          |  |  |  |  |  |  |  |

**IF THREATENED**, answer the following questions:

1. As closely as possible, what were the exact words used?

2. Was the person in a position to carry out the threat immediately?

3. How serious do you believe the threat was, and why?

#### **EMPLOYEE RELATED ACTIONS** (*Employee must complete*)

1. What actions did the employee take? (*i.e. filed worker's compensation, obtained medical treatment, used sick leave, vacation, etc.*)

2. What specific actions from the City does the employee request related to assault/threat? If none, so indicate.

## **LAW ENFORCEMENT INFORMATION** (Attach copy of police report when possible)

| Law Enforcement Agency Con   | ntacted   | Date Contacted |                    |  | Telephone Number                   |  |  |  |
|--|-----------|----------------|--------------------|--|------------------------------------|--|--|--|
| Name of Person/Officer   |           |                |                    |  | _                                  |  |  |  |
| Was a written report completed? YES NO   |           |                |                    |  |                                    |  |  |  |
| What action was taken/promised?  |           |                |                    |  |                                    |  |  |  |
| MANAGER ACTIONS  |           |                |                    |  |                                    |  |  |  |
|  |           |                |                    |  |                                    |  |  |  |
| Directions given to employee ( <i>i.e. go home, go to hospital, etc.</i> )                   |           |                |                    |  |                                    |  |  |  |
|  |           |                |                    |  |                                    |  |  |  |
| Manager Recommendations: Prosecution Restraining Order Letter to Threatener Other (specify): |           |                |                    |  |                                    |  |  |  |
|  |           |                |                    |  |                                    |  |  |  |
| NOTIFICATION DATES   |           |                |                    |  |                                    |  |  |  |
|  |           |                |                    |  |                                    |  |  |  |
| Date report was received: Was employee notified of   |           |                |                    | Was the Safety Coordinator notified of the |                                    |  |  |  |
| chosen action? YES NO  |           |                |                    | incident?                                  |                                    |  |  |  |
|  |           |                | YES NO             |  |                                    |  |  |  |
| Was management notified?   | Was the   | EAP            | Officer            | Was th                                     | ne employee/management notified of |  |  |  |
| YES NO   | notified? |                |                    |  | options that can be pursued        |  |  |  |
|  | YES NO    |                | personally? YES NO |  |                                    |  |  |  |

## CITY OF WAUSAU VIOLENCE IN THE WORKPLACE POLICY EMPLOYEE ACKNOWLEDGEMENT NOTICE

I acknowledge that I have received, that I have read, that I understand, and that I have been afforded an opportunity to ask questions regarding the City of Wausau's VIOLENCE IN THE WORKPLACE POLICY. I also acknowledge that I have read and that I understand this notice.

PRINT EMPLOYEE NAME

Signature of Employee

Date

Date

Signature of Supervisor

Copy for Employee's Personnel File