

## Corporate Policy

### Respectful Behaviour in the Workplace

#### Policy Purpose:

The Ottawa Hospital (TOH or the Hospital) is committed to fostering a respectful, cooperative and professional workplace, free from discrimination, harassment and violence, to ensure a safe, secure and healthy work environment.

The purpose of this Policy is to outline the expectations and roles of Staff when confronted with situations of conflict, as well as outlining the responsibilities of those involved in these situations.

**Scope:** This policy applies to situations of Abuse of Authority, Bullying, Workplace Harassment (including Workplace Sexual Harassment) and Workplace Violence between Staff, and applies to all Staff, regardless of level, position or union affiliation.

Note: Harassment or violent acts or threats by members of the public, including patients, directed at Staff are managed through the Violence and Harassment in the Workplace Policy.

#### Definitions:

**Abuse of Authority:** A Leader's behaviour constituting an improper use of power and authority related to the position held, where it is used to endanger a member of Staff's job, undermine the performance of that job, threaten the economic livelihood of the Staff member, or in any way interfere with or influence the career of a Staff member. It includes such acts or misuse of power such as intimidation, threats, blackmail, or coercion. Conduct involving the normal and proper exercise of responsibilities or authority related to attendance management, performance evaluation, the provision of advice, counselling, corrective discipline and other supervisory, managerial, or leadership functions does not constitute Abuse of Authority or harassment within the meaning of this policy.

**Bullying:** Bullying is a repeated pattern of intentional, direct or indirect behaviour (aggressive or passive), whether verbal, physical or otherwise, by one or more staff member against another staff member, or group of staff, which could reasonably be regarded as undermining the individual's right to dignity at work.

**Complainant(s):** A person or persons making a verbal or written complaint regarding a breach of the Standards of Behaviour and Core Values, incidents of Workplace Violence, discrimination or harassment under this policy.

**Conflict of Interest:** Any situation in which a Staff member has a personal, professional, occupational or financial relationship or interest that may affect or compromise, or appear to affect or compromise, his or her objectivity, judgment or actions in carrying out his or her TOH duties.

A Conflict of Interest can be real, potential or perceived in nature.

- i. A real Conflict of Interest arises where an individual has a bias, or a personal, occupational,

professional or financial relationship or interest that may affect or compromise, or appear to affect or compromise, his or her work with TOH.

- ii. A potential Conflict of Interest incorporates the concept of foreseeability: when an individual can foresee that a private or personal interest might someday be sufficient to influence his or her work with TOH, but has not yet (for example, an identified future commitment).
- iii. A perceived or apparent Conflict of Interest may exist when a reasonable, well informed person has a reasonable belief that an individual has a conflict of interest, even if, in fact, there is neither a real nor a potential conflict.

**Domestic Violence:** A range of behaviours or actions taken by a person to control and dominate another person. It is characterized by abusive, coercive, forceful, or threatening acts or words used by one member of a family, household, or intimate relationship against another.

**Employees:** All permanent and temporary full-time, part-time, and casual persons employed by TOH are considered Employees. For the purpose of this policy only, volunteers will be referred to as Employees.

**Employee and Family Assistance Program (EFAP):** Confidential services to help Employees and their families to work through difficult health, personal and work-related situations.

**External Consultant:** A qualified person who is contracted by TOH to provide investigation and/or mediation services with respect to complaints made under this policy. The external consultant has the authority to determine whether there has been a breach of this policy; however, TOH maintains the right to make recommendations, to propose resolutions to the appropriate persons, as well as to make all final decisions pertaining to disciplinary action.

**Frivolous:** A matter that is not serious, not reasonably purposeful.

**Leaders:** Individuals directly supervising the work of Staff. For the purposes of this policy, the term "Leader" includes, but is not limited to, Supervisor, Manager, Director, Vice-Presidents, Chief Operating Officers, Chief Executive Officers employed by TOH.

**Members of Personnel:** For the purpose of this policy only, Members of Personnel includes all students, physicians, residents, temporary contract staff/agency workers, vendors, and all individuals who otherwise perform work or supply services onsite at TOH.

**Respondent(s):** A person or persons alleged by a Complainant to have committed an act in breach of this policy.

**Sexual Violence:** Any sexual act or act targeting a person's sexuality, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person's consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism and sexual exploitation.

**Staff:** Employees and Members of Personnel.

**Standards of Behaviour and Core Values:** The Hospital has established several behavioural expectations to ensure that all Staff conduct themselves in a manner that is in keeping with the Core Values of the Hospital to ensure a safe, secure, healthy and professional workplace.

**i. Respect for the Individual**

We treat everyone at The Ottawa Hospital with fairness, equity and respect. Our linguistic and cultural diversity are strengths in the delivery of our programs and our response to community needs.

- a) I treat patients and visitors in the same manner I wish my loved ones to be treated. I treat

colleagues in the same manner as I wish to be treated.

- b) I ensure that patients and families are served in the official language of their choice.
- c) I value and respect cultural, spiritual and personal diversity. I remain open to new viewpoints, ideas, talents and abilities.
- d) I treat patients as the most important members of the patient-care team and include patients and family in decisions about their care.
- e) I maintain confidentiality and privacy standards.
- f) I use discretion when discussing personal, patient and organizational information.
- g) I respect others by maintaining their physical privacy and personal space. I protect their personal dignity.

## **ii. Compassion**

We care for patients and their loved ones with dignity and respect in a safe, healing environment. We value the physical, emotional and spiritual health of our patients and colleagues.

- a) I am polite, respectful and courteous. I demonstrate compassion and listen with care.
- b) I greet everyone by making eye contact, introducing myself by name and role, smiling and speaking in a warm and friendly voice.
- c) I keep patients and families informed by explaining what I am doing, letting them know what to expect and ensuring all questions are answered.
- d) I provide legible, understandable and specific communications and avoid technical terms and acronyms when communicating with patients.
- e) I meet patients' and families' immediate needs or kindly take them to someone who can.
- f) I offer to escort people to their destination or find someone who can.
- g) I use positive language and avoid destructive conversations.

## **iii. Working Together**

We believe that collaboration and working together are essential to restoring and improving health. We communicate honestly and openly and value the contributions of all team members.

- a) I fulfill my responsibilities as an important member of the team. I maintain a high level of professionalism and competence in my job.
- b) I take initiative and proactively assist others with tasks and problem solving.
- c) I collaborate and communicate effectively, whether in person, in writing or using technology, to ensure excellent patient care and service.
- d) I maintain a professional image by wearing neat, appropriate clothing and jewelry, avoiding scents. I maintain good personal hygiene. I wear my ID badge above my waist and ensure my name and photograph are visible at all times.
- e) I resolve conflicts respectfully, directly and promptly with the individual(s) involved.
- f) I recognize and celebrate others' achievements and successes. I show appreciation and say, 'Thank You'.

## **iv. Commitment to Quality**

We value our ability to listen, to learn from each other and to continuously improve. We aim to meet and exceed nationally and internationally recognized standards for quality and excellence in the delivery of patient care, and in our education and research programs.

- a) I provide suggestions and new ideas to improve the quality of care and service.
- b) I am committed to the safety of patients, visitors and team members. I report errors, near misses and safety hazards and follow up to ensure action is taken. I follow proper hand-hygiene practices.
- c) I take pride in my work environment. I maintain a safe and clean work area and take appropriate action when needed. I respect property and care for equipment.
- d) I acknowledge and apologize when a problem occurs. I actively listen and correct the problem by taking action or informing the appropriate person who can correct the problem.
- e) I use health-care resources responsibly and wisely.

**Traumatic Event:** An occurrence or situation which causes or is likely to cause extreme physical and / or emotional distress to a staff member and may be regarded as outside the normal range of experience of the people affected.

**Vexatious:** refers to a situation, communication or information presented which is lacking sufficient ground for action and, when viewed objectively, is serving only to annoy or harass.

**Witness:** Person who sees, hears or otherwise observes an event, incident or occurrence.

**Workplace:** Generally, the Workplace is defined as the premises of TOH. However, where an allegation under this policy is made regarding activities which occur off the premises of the Hospital, the Hospital will investigate the matter. Where it is found that the relationship between the individuals and the nature of the allegations are related to their association with the Hospital, the complaint will be investigated as if it occurred in the Workplace. Some examples include:

- i. at the Workplace;
- ii. at work-related social functions;
- iii. at conferences, seminars and training sessions;
- iv. during work-related travel;
- v. e-mail and other electronic communication including social media; or
- vi. over the phone, including voicemail.

**Workplace Harassment:** Behaviour amounting to a course of vexatious comments or conduct against a Staff member in a Workplace that is known or ought reasonably to be known to be unwelcome. Workplace Harassment includes Workplace Sexual Harassment. Workplace Harassment may include, but is not limited to, a pattern of behaviour of repeated words or actions such as making jokes, offensive remarks or innuendos that demean, ridicule, intimidate, offend or serve to isolate a person in the Workplace.

Workplace Harassment does **not** include:

- i. Performance management, including, but not limited to routine coaching and feedback; fair and objective performance appraisals; Performance Improvement Plans; appropriate and justifiable disciplinary action;
- ii. Providing fair and reasonable constructive feedback or evaluation of the work completed by a colleague or a direct report;
- iii. Assignment of additional work;
- iv. Minor differences of opinion and / or occasional workplace conflict that does not escalate;
- v. Occasionally showing frustration or annoyance, where such behaviour is justified and displayed in a respectful manner without any threat of violence, intimidation or other reprisals.

**Workplace Sexual Harassment:** Behaviour amounting to a course of vexatious comment or conduct against a staff member in a Workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the Staff member and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

**Workplace Violence:** The exercise of physical force by a Staff member against another Staff member, in a Workplace, that causes or could cause physical injury to that Staff member.

1. An attempt to exercise physical force against a Staff member, in a Workplace, that could cause physical injury to the Staff member.
2. A statement or behaviour that is reasonable for a Staff member to interpret as a threat to exercise

physical force against a Staff member, in a Workplace, that could cause physical injury to the Staff member.

Examples of Workplace Violence include, but are not limited to:

- i. Stalking;
- ii. Threatening behaviour (i.e. shaking fists, destroying property, throwing objects);
- iii. Verbal or written threats that express an intent to inflict harm;
- iv. Physical attacks;
- v. Any other act that would arouse fear in a reasonable person in similar circumstances.

## **Policy Statement(s):**

All Staff are expected to embrace the Core Values, and the adherence to the Respectful Behaviour in the Workplace Policy is a condition of employment. It is incumbent on each and every member of the team to familiarize themselves with their respective responsibilities and to ensure that their behaviours are in accordance with the Standards of Behaviour.

TOH will not tolerate any instances of Workplace Violence, regardless of whether there is an injury or Traumatic Event. This includes acts, threats or harassment of a sexual nature.

TOH believes that each person has the ability to improve their work environment and that it is each person's responsibility to assume ownership and accountability for their own actions and behaviours.

### Violations of the Standards of Behaviour and Core Values:

- Any violations of the Hospital's Standards of Behaviour and Core Values shall be reported to the Staff Member's Leader.

### Workplace Violence (including Domestic Violence):

- Any instance of threatening violence or actual violence must be reported immediately to Security. All reports of this nature will be treated with the utmost confidentiality, urgency and sensitivity.
- If a member of Staff feels threatened by another member of Staff, or witnesses threatening actions or behaviours, or is either themselves the victim of Domestic Violence, or suspects that their colleague might be the victim of Domestic Violence, and that the violent spouse may enter the Workplace, the following steps should be followed:
  - **Where the threat is immediate:** Staff ensure their own immediate physical safety, remove themselves from the situation and report to their Leader, Human Resources and / or Security, as soon as possible following the incident.
  - **Where the threat is not immediate:** Depending on the situation a Staff member can either approach their Leader with information about the threat or report the threatening incident directly to Security.

Security can be called at:

- Civic Campus – 12999
- General Campus – 72999
- Riverside Campus – 82999
- Prince of Wales – 14888
- Queensway Carleton Site – 14888

Employees will report to Occupational Health and Safety, using the Employee Incident Report Form (EIR), all incidents of Workplace Violence requiring any medical attention and / or rendering them disabled from performing their usual work.

- Note: Members of Personnel should report this to their respective employer.

#### Harassment / Sexual Harassment, Abuse of Authority, and Bullying:

- Staff should make every reasonable effort to resolve any conflict informally either themselves or within their Leadership team.
- Staff are encouraged to discuss the conflict directly with the person involved, advising them that the behaviour is not welcome. If the situation continues or if the member of Staff is uncomfortable or unwilling to confront the other party directly, they are encouraged to report the conflict in confidence to their Leader or Human Resources.
- If the complaint is against their Leader, Staff are encouraged to report the conflict in confidence to the next level of Leadership or Human Resources.

Complaints based on an act which occurred more than two (2) years before the receipt of the complaint will not be considered unless the Complainant has valid reason for not filing the complaint within those two (2) years.

#### Potential Outcomes:

If there is evidence of a violation of any component of this policy further consideration may be required, and appropriate corrective action may be taken

#### Staff Education:

- TOH ensures that training is provided to Staff on this Policy, and on how to report incidents of Abuse of Authority, Bullying, Workplace Harassment and Workplace Sexual Harassment.
- Training includes how TOH will investigate and deal with incidents and complaints, confidentiality procedures, and how the results of an investigation will be communicated, including any next steps.

### **Guiding Principles**

**Collaboration and Cooperation:** Abuse of Authority, Bullying and Workplace Harassment Complaints are a shared concern between Leaders, affected Staff members, and unions, and all shall work together in a collaborative and respectful manner.

**Confidentiality:** All persons associated with a complaint and/or its resolution must recognize the serious nature of such cases and respect the sensitivity and confidentiality of the situation. Every effort will be made to preserve the dignity and self-respect of all parties concerned. All information and documentation concerning a complaint case will be kept as confidential material except where disclosure is necessary for the purposes of protecting the Staff member, investigating or resolving the complaint, taking corrective action, or as otherwise required by law.

**Criminal Conduct:** In cases where harassment leads to acts or behaviours that constitute criminal conduct under the Criminal Code of Canada, Staff may choose to proceed with notifying the police, even when TOH is following the administrative steps set out in this Policy. In any event, the Hospital will assist Staff in filing their complaint with the police. At such time, the appropriate law enforcement agency may conduct its own independent investigation.

**Frivolous and Vexatious complaints:** Any complaint found to have been made in a Frivolous and Vexatious manner will be considered serious misconduct and may result in severe disciplinary action being taken by the Hospital.

**Parallel Proceedings:** Where a Staff member chooses to also file a complaint with an external body or file a grievance under the applicable collective agreement, TOH will determine, at its discretion, whether to initiate or to continue an investigation under this Policy.

**Protection from reprisal:** All Leaders must ensure that every effort occurs to fully protect Staff, be they the Complainant or Respondent, or a Witness or other persons involved, from any form of retaliation for filing a complaint or participating in an investigation, in good faith, both during the investigation process and following its conclusion.

**Records:** Human Resources will retain records of all complaints, incidents and investigations for at least two years after the creation year. This file will include but is not limited to a copy of the complaint or details about the incident, a record of the investigation including notes, a copy of any witness statements, a copy of the investigation report, if any, a copy of the results of the investigation that were provided to the Complainant and Respondent, and, whether corrective action was taken. Where discipline results from an investigation's findings, this disciplinary action will remain on the Staff member's file in accordance with the application policy or collective agreement. Where there is no evidence of a violation of this Policy, and the complaint was made in good faith, no documentation of the complaint will be placed in the Employee file of the Respondent, or of any person involved in the complaint.

### **Responsibility Framework:**

#### **Staff are responsible for:**

- Being aware of and complying with this policy;
- Following good personal hygiene, dressing professionally and cleanly with minimal accessories, and adhering to all policies, procedures, rules or regulations relating to appearance and dress designed in the interest of patient care or health and safety;
- Assuming ownership and accountability for their own actions and behaviours;
- Being aware of and demonstrating behaviours that are consistent with TOH Standards of Behaviours and Core Values;
- Raising concerns to their Leader about other Staff who are not adhering to these standards;
- Attempting to resolve the matter by discussing unwelcome behaviour with the person involved and making it clear that the behaviour is unwelcome, in a confidential, positive and professional manner;
- Reporting behaviours where they witness, or are aware of, instances of Workplace Violence, Abuse of Authority, Bullying or Workplace Harassment where they themselves are not the target;
- Submitting any Workplace Harassment complaint in good faith;
- Advising their Leader if they have a restraining order against someone, including the particulars of the order;
- Co-operating with any efforts to investigate and resolve matters arising under this Policy;
- Participating in education and training programs and being able to respond appropriately to any incident of Workplace Violence or Workplace Harassment;
- Informing their Leader if they suspect or are aware of a Domestic Violence situation involving a colleague;
- Informing their Leader if they suspect a colleague's spouse / partner may come into the Workplace and be violent.

#### **Leaders are responsible for:**

- Promoting a positive and respectful working environment, free of violence, discrimination and harassment;
- Requiring that each individual under their direction is aware of and upholds the principles and terms of all policies and procedures relevant to their job;
- Advising unionized Staff of their right to union representation and advising the union when a complaint has been filed by a bargaining unit member;
- Protecting Staff from any form of retaliation;
- Assisting with any action to be taken to resolve any complaints (provided that they have no direct

involvement in the complaint);

- Maintaining the confidentiality of the persons involved in any investigations;
- Informing Staff about services available through EFAP;
- Liaising with Human Resources where needed for assistance in investigating behaviours that are not in keeping with this Policy;
- Undergoing training to recognize, prevent, manage, respond to and investigate Workplace complaints, and understanding when to involve Human Resources;
- Taking all reasonable precautions in the circumstances for the protection of Staff if TOH becomes aware of a Workplace Violence / Domestic Violence situation that would likely expose a Staff member to physical injury in the Workplace;
- Participating in the development and implementation of a safety plan, as required;
- Reviewing all reports of Workplace Violence and Workplace Harassment in a prompt, objective and sensitive manner, respecting the privacy of all concerned as much as possible;
- Facilitating medical attention and appropriate support for all those either directly or indirectly involved in a Workplace incident;
- Informing and ensuring that Employees involved in a Workplace Violence or Workplace Harassment incident follow up with Occupational Health and Wellness if the incident in question required any medical attention and / or has rendered the staff member disabled from performing his / her usual work. (*Note: This clause applies to Employees only. Members of Personnel should report to their employer*)
- Cooperating fully with any Ministry of Labour personnel;
- Implementing any and all recommendations from Security, Safety Office, Human Resources or the Ministry of Labour;
- Understanding the personal and corporate liability for Abuse of Authority, Bullying and Workplace Harassment in the Workplace;
- Advising Human Resources when a Staff member indicates a wish to file a formal written complaint, and reporting up within their respective portfolio as needed;
- Assisting with the process, including, but not limited to conducting investigations in an expeditious, thorough, impartial and confidential manner, facilitating any reassignments or changes in reporting relationships, releasing Staff who need to be interviewed, being flexible with working environments and schedules where possible.

**Human Resources is responsible for:**

- Supporting TOH in its commitment to providing a work environment where the dignity and worth of every individual is respected;
- Communicating this Policy to all Staff and informing them of their options and rights under this Policy;
- Providing appropriate training programs for Leaders and Staff, as required;
- Offering EFAP to Staff;
- Providing confidential advice to Staff when requested, on how to deal with a situation of Workplace Harassment and / or Workplace Violence and how to bring forward a complaint;
- Providing a formal process to receive, review and address written complaints that were not successfully resolved through the Staff member's Leadership structure or complaints which directly involve the Staff member's Leadership;
- Conducting or overseeing investigations to ensure they are carried out in an expeditious, thorough, impartial and confidential manner, and maintaining records in line with the policy.
- Maintaining confidentiality except where disclosure is necessary to conduct an effective investigation into a complaint;
- Collaborating with Leaders, Security, union representatives (if applicable) and other partners to ensure that investigations are completed in an expeditious and thorough manner;
- Advising unionized Staff of their right to union representation and advising the union when a complaint has been filed by a bargaining unit member;
- Participating in the development and implementation of a safety plan, as required;
- Following up on the result of investigations;



- Completing any Human Resources action required as the result of an investigation, including disciplinary action;
- Providing support and advice to Leaders;

**Union / Association Representatives are responsible for:**

- Advising their bargaining unit members of this policy and supporting the member during any of the processes under this Policy;
- Communicating information received concerning complaints under any section of this Policy to the appropriate person;
- Maintaining the confidentiality of the persons involved in any investigations under this Policy.

**The Complainant is responsible for:**

- Making every effort to resolve the conflict either themselves or within their leadership group (i.e. Supervisor / Manager / Director, Vice-President or Division Head / Department Head etc.);
- Making themselves available to meet with the investigator to review their complaint;
- Maintaining confidentiality with respect to any complaint.

**The Respondent is responsible for:**

- Making themselves available to meet with the investigator to review the complaint;
- Reviewing the written complaint;
- Maintaining confidentiality with respect to any complaint;
- Abstaining from reprisal or the threat of reprisal or retaliation.

**Security is responsible for:**

- Responding to all incidents of violence and reported threats received, or the potential for violence;
- Participating in the development and implementation of a safety plan, as required;
- Participating in investigations, as deemed appropriate, required under this policy;
- Providing information to the Joint Health & Safety Committees as required;
- Assisting Staff with police reports if required;
- Participating in discussions surrounding recommendations following incidents.

**Safety Office is responsible for:**

- Communicating, implementing and enforcing any Ministry of Labour orders or recommendations under this Section;
- Participating in the development and implementation of a safety plan, as required;
- Communicating and liaising with the Ministry of Labour.

**The External Consultant is responsible for:**

- Being aware of and evaluating adherence to this Policy;
- Advising the respective parties of their rights;
- Maintaining confidentiality except where disclosure is necessary to conduct an effective investigation into a complaint;
- Conducting the investigation thoroughly and expeditiously;
- Conducting investigation / mediation in a neutral and objective manner, which may involve the Leader; (See **Appendix A**)
- Facilitating a process of attempting to reach a mutually satisfactory resolution to the complaint;
- Documenting the process and outcome;
- Making a determination as to whether there has been a violation of this Policy.

**Related Policies:**

- Conflict of Interest
- Employee Accountability
- Violence and Harassment in the Workplace

- Model of Professionalism (No. MED RR012)

**Related Legislation or Regulatory Requirements:**

- [\*Occupational Health and Safety Act, R.S.O. 1990, c. O.1\*](#)

**References:**

- [Ministry of Labour Code of Practice to Address Workplace Harassment Under Ontario's Occupational Health and Safety Act, August 2016](#)

# Appendix A

## Conflict Resolution Process

The Leader / Human Resources will facilitate through mediation which is to be conducted in a neutral and objective manner. Both parties are to participate openly in this attempt at resolution and follow the process outlined below:

### Early Resolution Process:

- Staff member discusses the conflict directly with the person involved in the conflict, if they feel safe to do so; the communication needs to be prompt, thorough and in a respectful manner.
- Where the conflict remains unresolved or if the conflict involves a Leader, the Staff member can escalate the discussion of the conflict to the next level of Leadership.
- If the conflict remains unresolved, members of Staff can consult Human Resources. If it is deemed appropriate, Human Resources will facilitate a discussion or attempt to mediate a resolution.

### Formal Resolution Process:

- Where a conflict remains unresolved, Staff can submit a written complaint to their Leader or Human Resources providing information with respect to dates, times, locations, descriptions of behaviour, witnesses, etc.
- Leader / Human Resources will meet with the Complainant, Respondent, and relevant witnesses.
- As an interim measure, and based on operational capabilities, the Respondent and / or the Complainant may be reassigned or placed on a non-disciplinary leave with pay pending the resolution of the complaint.
- The Hospital will launch an investigation, appropriate in the circumstances, into complaints that are deemed to meet the applicable definitions contained in this policy. Leader / Human Resources will provide findings and recommendations if applicable.
- Both the Complainant and the Respondent will be advised of the outcome of the investigation in writing, and whether any corrective action has been/or will be taken.
- All parties to a complaint filed under this policy are expected to maintain confidentiality throughout the investigation process and after its conclusion.
- Leaders will ensure that every effort is made to fully protect Staff members from any form of retaliation, be they the Complainant, the Respondent, a witness or other persons involved.

Note: Human Resources will determine if a formal investigation will take place and if an External Consultant is to be contracted to conduct the investigation.

### Reviews / Appeals:

- If parties to the complaint are unsatisfied with the investigator's findings they may appeal the outcome within 20 calendar days following receipt of the investigation report;
- The request for appeal must be submitted in writing, to the Executive Vice- President, Human Resources, indicating the grounds upon which the appeal is being sought;
- An appeal may be allowed based on the following grounds:
  - New information was raised which was not available at the time of the investigation, that may impact the findings;
  - The findings seem unwarranted based on the evidence gathered and provided;
  - There is evidence of bias by the investigator;
  - There was a blatant omission of facts, which could impact the findings.
- Requests for an appeal of the decision of the Executive Vice-President, Human Resources, may be made in writing to the Chief Executive Officer (CEO). This will be considered the final appeal.
- Unionized Staff may file a grievance.