



First & Last Name \_\_\_\_\_

Date \_\_\_\_\_

## **PHYSICAL, MENTAL & SEXUAL ABUSE & SEXUAL MOLESTATION PREVENTION POLICY**

Resource Center for Accessible Living, Inc. (RCAL) does not permit actual or threatened acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct (“prohibited conduct”) to occur in the workplace or at any activity sponsored by or related to it. In order to make this “zero-tolerance” policy clear to all employees, volunteers and staff members, we have adopted mandatory procedures that employees, volunteers, family members, board members, individuals and victims must follow when they reasonably suspect, learn of or witness prohibited conduct.

Abuse or molestation means, each, every and all actual, threatened or alleged acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct performed by one person or by two or more persons acting together.

### **REPORTING PROCEDURES**

All staff members who learn of, have a reasonable suspicion of prohibited conduct must immediately report it to the Chief Operating Officer or designee: the victim is an adult, abuse or neglect will be reported by this designee to the local or state police and/or Adult Protective Services (APS) Agency. If a child is the victim of abuse or neglect the designee will report it to the local or state police and/or Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse or neglect.

### **INVESTIGATION & FOLLOW UP**

We take allegations of prohibited conduct seriously. Once the allegation is reported we will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that the prohibited conduct has occurred and that it was committed by the target(s) of the investigation. The investigation may be undertaken by an internal team comprised of fellow employees or we may hire an independent third party. We will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the target(s) of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected prohibited to appropriate authorities, we will endeavor to keep the identity (ies) of the targets(s) and the alleged victim(s) confidential.

If the investigation of substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the target’s relationship with our organization.

**RETALIATION PROHIBITED**

We prohibit retaliation against anyone, including an employee, volunteer, board member, student or individual, who in good faith reports prohibited conduct. Retaliation against a participant in the investigation is also prohibited. Anyone who retaliates against someone who has made a good faith allegation of prohibited conduct or intentionally provides false information to that effect will be subject to discipline, up to and including termination. resource center for accessible living Your Independence is our Mission

**OTHER INCIDENT REPORTING POLICIES**

*This policy does not supersede any other RCAL policies required for New York State contracts.*

**ACKNOWLEDGMENT OF RECEIPT OF PHYSICAL OR MENTAL ABUSE OR  
SEXUAL ABUSE, SEXUAL MISCONDUCT AND MOLESTATION POLICY**

**I acknowledge that I have received and read the physical or mental abuse and sexual abuse, sexual misconduct and sexual molestation policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.**

**Review and sign the policy annually.**

SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____