Workplace Non-Discrimination Policy

Effective Date: [Date]

Approved By: [Name/Title]

Purpose

The purpose of this policy is to establish and communicate the company's commitment to providing a workplace free of discrimination, harassment, and retaliation. This policy applies to all employees, applicants, interns, contractors, and visitors.

Policy Statement

[Company Name] is committed to creating and maintaining a workplace in which all individuals are treated with respect and dignity. We will not tolerate discrimination or harassment based on race, color, religion, gender, age, national origin, disability, marital status, sexual orientation, gender identity or expression, veteran status, or any other characteristic protected by law.

Scope

This policy applies to all aspects of employment, including recruitment, hiring, compensation, promotion, training, discipline, and termination.

Prohibited Conduct

- Discriminatory actions or decisions based on protected characteristics

- Verbal, non-verbal, or physical harassment

- Retaliation against anyone for reporting discrimination or participating in investigations

Reporting Procedures

Employees who believe they have experienced or witnessed discrimination must promptly report the incident to their supervisor, Human Resources, or the designated company officer.

Investigation

All reported violations of this policy will be promptly and thoroughly investigated. Confidentiality will be maintained to the extent possible.

Enforcement

Anyone found to have violated this policy will be subject to disciplinary action, up to and including termination of employment.

No Retaliation

Retaliation against any individual making a good-faith complaint or participating in an investigation is strictly prohibited.

Policy Review

This policy will be reviewed annually and updated as necessary to ensure compliance with applicable laws and best practices.

Employee Acknowledgement: I have read and understand the Workplace Non-Discrimination Policy.

Employee Signature: _____ Date: _____