MARKLUND HUMAN RESOURCES POLICY AND PROCEDURE

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SUBJECT: Workplace Bullying

DEPARTMENTS AFFECTED: ALL APPROVED BY: LDRSP

ISSUED: 04/10/2024 _______REVISED: 04/10/2024_

PURPOSE:

The purpose of this policy is to communicate to all employees, including supervisors, managers and executives, that Marklund will not tolerate bullying behavior. Employees found in violation of this policy will be disciplined, up to and including termination.

DEFINITIONS:

Marklund defines bullying as repeated, health-harming mistreatment of one or more people by one or more perpetrators. It is abusive conduct that includes:

- Threatening, humiliating or intimidating behaviors.
- Work interference/sabotage that prevents work from getting done.
- Verbal abuse.

Such behavior violates Marklund's Code of Ethics, which clearly states that all employees will be treated with respect.

Marklund considers the following types of behavior examples of bullying:

- **Verbal bullying.** Slandering, ridiculing or maligning a person or his or her family; persistent name-calling that is hurtful, insulting or humiliating; using a person as the subject of offensive jokes; abusive and offensive remarks.
- **Physical bullying.** Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault, damage to a person's work area or property.
- **Gesture bullying.** Nonverbal gestures that can convey threatening messages.
- Exclusion. Socially or physically excluding or disregarding a person in work-related activities.

In addition, while not all inclusive, the following examples may constitute or contribute to evidence of bullying in the workplace:

- Persistent singling out of one person.
- Shouting or raising one's voice at an individual in public or in private.
- Using obscene or intimidating gestures.
- Not allowing the person to speak or express himself of herself (i.e., ignoring or interrupting).
- Personal insults and use of offensive nicknames.

- Public humiliation in any form.
- Constant criticism on matters unrelated or minimally related to the person's job performance or description.
- Public reprimands.
- Repeatedly accusing someone of errors that cannot be documented.
- Deliberately interfering with mail and other communications.
- Spreading rumors and gossip regarding individuals.
- Encouraging others to disregard a supervisor's instructions.
- Manipulating the ability of someone to do his or her work (e.g., overloading, underloading, withholding information, setting deadlines that cannot be met, giving deliberately ambiguous instructions).
- Assigning menial tasks not in keeping with the normal responsibilities of the job.
- Taking credit for another person's ideas.
- Refusing reasonable requests for leave in the absence of work-related reasons not to grant leave.
- Deliberately excluding an individual or isolating him or her from work-related activities, such as meetings.
- Unwanted physical contact, physical abuse or threats of abuse to an individual or an individual's property (defacing or marking up property).

COMPLAINT PROCEDURE:

Individuals who feel they have experienced workplace bullying should report this to their supervisor or to Human Resources before the conduct becomes severe or pervasive. All employees are strongly encouraged to report any bullying conduct they experience or witness as soon as possible to allow Marklund to take appropriate action.

- 1. Any incident of workplace bullying should be reported to the employee's immediate supervisor, or to his or her immediate supervisor's supervisor or to the Chief Human Resources Officer.
- 2. The accused may be suspended with or without pay pending the results of an investigation conducted by the Human Resources Department and/or the person's supervisor. The investigation will be carried out by the person's supervisor and/or Chief Human Resources Officer or by anyone who is appropriate to conduct the investigation. During the investigation, the complainant, the accused and any witnesses to the allegations will be interviewed in order to help determine whether the alleged conduct occurred. The final determination on the complaint and any necessary actions to be taken will be determined by The Chief Human Resources Officer and/or the President/CEO.

Actions taken internally to investigate and resolve workplace bullying complaints shall be conducted confidentially to the extent reasonably possible. All individuals asked to participate in an investigation are expected to cooperate and to be truthful.

- 3. If the determination is made that no workplace bullying occurred, then the accused will be returned to work (if applicable) and will be paid for any days missed due to any suspension. Other action may be taken in order to help ensure a workplace free from bullying.
- 4. If the determination is made that there was workplace bullying, then the accused will receive what is determined to be the appropriate disciplinary action up to and including termination. Other action may be taken in order to help ensure a workplace free from bullying.

PROTECTION AGAINST RETALIATION:

Any employee who, in good faith, reports an alleged incident of workplace bullying will under no circumstances be subject to reprisal or retaliation of any kind. Any employee who feels he or she has been subjected to such adverse actions should report those actions to his or her supervisor, or to the Human Resources Department. Any employee, however, who is found to have knowingly made a false accusation of workplace bullying may be subject to appropriate disciplinary action up to and including termination.

Employee Statement

| Employee Name: | nployee Name: Work Location: | |
|--|------------------------------|--------------------------------|
| Date:Phone N | te:Phone Number: | |
| Email Address: | | |
| Name of the Accused: | Their work location: | |
| Working Relationship (please mark one): | ☐ Coworker | ☐ Supervisor/Management |
| Date of Incident: (If more than one event/incident, please repo | ort each event on a separate | form). |
| Where did the specific event occur? | | |
| Please explain the events that occurred. | | |
| How did you react to the situation? Did yobehavior? | ou take any action to stop | perceived inappropriate |
| Describe the harm you have suffered as a | result of the event. | |
| Were there any witnesses to this specific e (If yes, please provide their names) | event? | |
| Is there any physical evidence that suppor of evidence. | rts your complaint? If so,] | please describe or attach copy |
| What is your desired outcome of the inves | stigation? | |

Marklund HR Policy 7-2 Workplace Bullying – Attachment 1

Any additional details you believe is relevant for this complaint/investigation?

| • | t of my knowledge and belief. In the event this statement | | | |
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| part of this statement is found to be knowingly false, I understand I may be subject to disciplinary action up to and including termination of employment. I am willing to cooperate fully in the investigation of | | | | |
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| Employee Signature: | Date: | | | |
| Please return this form to your direct s | upervisor. They will work with Human Resources in the | | | |
| investigation. | | | | |

Witness Statement

| Witness Name: | Date: |
|--|--|
| We are investigating into an allegation of bullying reported | d by |
| Please check off any behaviors you have personally wit | nessed directed toward this individual by |
| another employee(s): | |
| \square Persistent singling out of this individual | |
| \square Shouting or raised voices directed at this individual by | another employee |
| ☐ Obscene or intimidating gestures made by an employed | e toward or about this individual |
| ☐ Ignoring or constant interruption of this individual by o | other employee(s) |
| ☐ Personal insults toward and/or use of offensive nickname. | mes for this individual |
| ☐ Public humiliation of this individual (e.g., making fun | of individual in front of others, etc.) |
| ☐ Constant criticism on matters unrelated or minimally re | elated to the individual's job performance or |
| description | |
| \Box Public reprimands (e.g., disciplining in front of others, | etc.) |
| ☐ Repeatedly accusing individual of errors that cannot be | e documented |
| ☐ Deliberately interfering with the mail/phone/other com | munications of this individual |
| ☐ Spreading rumors and gossip regarding this individual | |
| ☐ Encouraging others to disregard a supervisor's instruct | ions (if individual is a supervisor or leader) |
| ☐ Manipulating the ability of this individual to do their w | vork (overloading/underloading/withholding |
| information/unrealistic deadlines, deliberately vague i | nstructions) |
| ☐ Assigning menial tasks not in line with the individual's | s normal job responsibilities |
| ☐ Taking credit for the individual's ideas | |
| ☐ Refusing individual's reasonable requests for leave in | the absence of work-related reasons not to |
| grant leave | |
| ☐ Deliberately excluding this individual or isolating then | n from work-related activities, such as |
| meetings | |

Marklund HR Policy 7-2 Workplace Bullying – Attachment 2

| ☐ Unwanted physical contact, physical abuse, or threats of abuse directed toward this individual or their property ☐ Other (please describe): | | | |
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| Please give a detailed description of any noted behaviors, including: (1) name(s) of alleged perpetrator(s); (2) date(s) of events; (3) specific words/actions used by alleged perpetrator(s); (4) facility(ies) where this occurred; (5) a list of any other witness(es) to these events/behaviors; and (5) any other information you deem relevant to your report. | | | |
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| | Marklund HR Policy 7-2 Workplace Bullying – Attachment 2 |
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| • • | he best of my knowledge and belief. In the event this statement be knowingly falsified, I understand I may be subject to g termination of employment. |
| Witness Signature: | Date: |