

Zero Tolerance Policy for Verbal Abuse and Harassment

Dear Patients,

At Mushkegowuk Health, we are committed to providing a safe and supportive environment for all individuals seeking healthcare services. We believe that every person deserves to be treated with dignity, respect, and courtesy. Verbal abuse and harassment have no place in our facility. We have implemented a zero-tolerance policy to ensure the well-being and comfort of our patients, staff, and visitors. We kindly request your cooperating in upholding the following guidelines:

1. Definition of Verbal Abuse and Harassment:
 - Verbal abuse refers to the use of language or words that are threatening, insulting, demeaning, or offensive to an individual.
 - Harassment refers to any unwanted or unwelcome behavior, comments, or actions that cause distress, discomfort, or humiliation to an individual.
2. Unacceptable Behaviors:
 - Engaging in verbal abuse, including shouting, yelling, or using profanity towards others.
 - Making derogatory or offensive remarks about an individual's race, ethnicity, gender, religion, sexual orientation, disability, or any other protected characteristic.
 - Engaging in any form of sexual harassment, such as unwanted advances, comments, or gestures of a sexual nature.
 - Threatening, intimidating, or coercing other verbally.
 - Spreading rumors, gossip, or engaging in verbal bullying.
3. Consequences of Violations:
 - Individuals found to be in violation of this zero-tolerance policy may be asked to leave the facility immediately.
 - Serious or repeated offenses may result in a restriction of access to our services in the future.
 - In cases where the behavior constitutes a criminal offense, appropriate legal action may be pursued.

We are committed to fostering a compassionate and respectful environment where everyone feels safe and valued. By adhering to this zero-tolerance policy, we can ensure that our primary care facility remains a place of healing and support for all. Thank you for your cooperation.

Sincerely,

Mushkegowuk Health

I, _____, have read the “Zero Tolerance Policy for Verbal Abuse and Harassment” and agree to abide by the conditions within.

Patient signature: _____

SDM signature: _____ Date: _____

Witness Name: _____

Witness signature: _____ Date: _____