



Policy Number:	26-17
Policy Name:	Graduate Medical Education: Harassment Policy
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PURPOSE

This policy describes how Behavioral Health and Recovery Services, San Mateo County (BHRS-SMC), as a Sponsoring Institution for ACGME-accredited graduate medical education (GME) programs, maintains a policy covering sexual and other forms of harassment that provides residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations, in accordance with ACGME Institutional Requirement 4.9.c.

BACKGROUND

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirement 4.9.c requires the Sponsoring Institution to have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations.

BHRS-SMC is committed to maintaining a professional, fair, respectful, and civil learning and working environment that is free from sexual harassment and other forms of harassment. BHRS-SMC prohibits harassment of residents/fellows, other learners, faculty members, staff members, patients, and visitors, and supports timely, confidential reporting and response processes.

DEFINITIONS

Harassment: Unwelcome conduct based on a protected characteristic or other unlawful basis, or conduct of a sexual nature, that is sufficiently severe, persistent, or pervasive such that it alters the conditions of employment or education, unreasonably interferes with work or learning, or creates an



intimidating, hostile, or offensive environment, as defined by applicable law. Harassment may be verbal, non-verbal, written, visual, electronic, or physical.

Sexual Harassment: Unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature, including but not limited to quid pro quo harassment and hostile environment harassment, as defined by applicable law.

Other Forms of Harassment: Harassment based on protected characteristics (e.g., race, color, religion, sex, gender, gender identity/expression, sexual orientation, national origin, ancestry, age, disability, medical condition, genetic information, marital status, military/veteran status) or other categories protected by applicable law or County policy.

Complainant: The individual who reports experiencing harassment or who brings forward a complaint.

Respondent: The individual alleged to have engaged in harassment.

Non-Punitive Environment: An environment in which residents/fellows can report concerns in good faith without intimidation, retaliation, or adverse consequences for making a report or participating in a process.

Retaliation: Any adverse action, intimidation, threat, coercion, or negative consequence directed toward a person because they reported harassment, participated in an investigation, supported a complainant, or otherwise engaged in a protected activity.

Confidential Reporting: Reporting mechanisms that protect the identity of the reporter to the extent feasible and consistent with a fair investigation, applicable law, and institutional obligations.

POLICY

I. Prohibition of Harassment and Commitment to a Safe, Non-Punitive Environment

- A. BHRS-SMC prohibits sexual harassment and other forms of harassment.
- B. BHRS-SMC will maintain a safe and non-punitive environment in which residents/fellows can raise and resolve harassment complaints without intimidation or retaliation.
- C. Retaliation is prohibited. Residents/fellows will not be penalized for reporting harassment or participating in complaint resolution processes in good faith.

II. Access to Timely Reporting and Resolution Processes (ACGME 4.9.c)

- A. BHRS-SMC will ensure residents/fellows have access to processes to raise harassment complaints and have them addressed in a timely manner consistent with applicable laws and regulations.
- B. Residents/fellows may use program-level, institutional-level, participating-site, and County-level reporting processes as appropriate, and may choose the pathway they feel is safest and most appropriate to the situation.
- C. BHRS-SMC will coordinate harassment complaint handling with the appropriate County Human



Resources, Equal Employment Opportunity (EEO), compliance, or legal processes as required by law and County policy.

III. Confidentiality and Conflict of Interest

- A. Harassment complaints will be handled with discretion and confidentiality to the extent feasible and consistent with a fair process and legal obligations.
- B. Conflicts of interest in reviewing or investigating a complaint must be disclosed and managed through recusal and reassignment to an impartial reviewer/investigator.

IV. Supportive Measures

- A. BHRS-SMC may implement supportive measures during review of a complaint to protect safety and the learning environment, including but not limited to schedule adjustments, changes in supervisory relationships, or temporary reassignment, consistent with program requirements and patient safety needs.
- B. Supportive measures are not disciplinary findings and may be implemented regardless of whether a formal complaint is pursued.

V. Policy Availability

- A. GMEC will ensure this policy is available for review by residents/fellows at all times through the GME manual, BHRS-SMC intranet, or similar accessible location.

PROCEDURE/PROTOCOL

I. Immediate Safety and Urgent Concerns

- A. If a resident/fellow believes there is an immediate safety risk, they should contact:
 - 1. site leadership and/or security per participating site procedures; and/or
 - 2. the supervising physician/attending on duty; and/or
 - 3. emergency services as appropriate.
- B. Residents/fellows may also notify the Program Director and/or DIO/GMEC as soon as practicable.

II. Reporting Harassment Concerns

- A. Residents/fellows may report harassment concerns through one or more of the following channels:
 - 1. Program Director (or designee);
 - 2. DIO and/or GMEC;
 - 3. participating site reporting mechanisms (e.g., Executive Leadership (ex: Medical Director), HR, EEO, compliance, Title IX or civil rights office if applicable, ombuds, or similar);
 - a. For San Mateo County:



- i. County Equal Employment Opportunity (EEO) complaint procedures:
<https://www.smcgov.org/hr/eoo-complaint-procedures>
- ii. County Whistleblower Program for unethical behavior, internal control failures, fraud, or other serious concerns:
 - Whistleblower hotline: 855-387-2497
 - website: <https://www.smcgov.org/hr/whistleblower-program>

b. For Department of State Hospitals:

- i. Equal Employment Opportunity - CalHR Website:
<https://www.calhr.ca.gov/about-calhr/divisions-programs/equity-accessibility-management-services/equal-employment-opportunity/>
- ii. Concerns involving unethical behavior, internal control failures, fraud, or other serious concerns may also be reported through the Whistleblower Program
 - Whistleblower hotline: 800-952-5665
 - Whistleblower brochure: https://www.auditor.ca.gov/wp-content/uploads/2025/06/whistleblower_brochure.pdf

B. Reports may be verbal or written; written reports are encouraged for clarity.

C. Reports should include, when possible:

1. a description of the conduct;
2. date(s), time(s), and location(s);
3. individuals involved and any witnesses (if known); and
4. any relevant supporting information (e.g., messages, emails, screenshots).

III. Intake, Triage, and Assignment

A. The receiving entity (Program Director/designee, DIO/GMEC, HR/EEO, or participating site office) will:

1. acknowledge receipt when feasible;
2. assess whether immediate supportive measures are needed;
3. determine the appropriate investigative or resolution pathway consistent with applicable laws and County policy; and
4. identify and manage conflicts of interest (recuse and reassign as needed).

B. BHRS-SMC will coordinate with the appropriate County Human Resources, Equal Employment Opportunity (EEO), compliance, or legal processes as required by law and County and/or Department of State Hospital (DSH) policy for complaints involving alleged discrimination or sexual harassment.



IV. Investigation and Resolution

- A. Investigations will be conducted by qualified personnel in accordance with applicable laws, County policies, and participating site procedures.
- B. BHRS-SMC will aim to address complaints in a timely manner and will communicate process steps to the extent feasible, recognizing that timelines may vary based on complexity, required coordination, and legal requirements.
- C. Outcomes may include education, coaching, mediation (when appropriate), corrective action, or other remedial measures consistent with County policy and due process requirements.

V. Non-Retaliation and Monitoring

- A. Retaliation against any individual who reports harassment or participates in an investigation or resolution process is prohibited.
- B. Residents/fellows who believe retaliation is occurring should report it promptly through any of the channels listed in Procedure/Protocol II.
- C. Programs and GMEC will monitor for potential retaliation concerns affecting the learning and working environment and will coordinate with HR/EEO as appropriate.

VI. Documentation and Records

- A. Records related to harassment complaints will be maintained in accordance with applicable laws and County record-retention requirements and will be handled confidentially consistent with legal requirements.

VII. Policy Review

- A. This policy will be reviewed at least every year, or more frequently if ACGME requirements, County policies, or applicable laws change, to ensure ongoing compliance with ACGME Institutional Requirements and applicable legal standards.

SIGNATURES

Approved: _____ *Signature on File*
 Dr. Jei Africa, PsyD, FACHE
 BHRS Director

Approved: _____ *Signature on File*
 Tasha Souter, MD, FASAM
 BHRS Medical Director
 BHRS ACGME Designated Institutional Official



REVISION HISTORY

Date of Revision	Type of Revision	Revision Description