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Illustration

APPENDIX A – PLEASE POST

WORKPLACE HARASSMENT POLICY

KidsAbility believes in taking affirmative action to ensure that all of its employees and clients work in a comfortable environment, free from harassment. KidsAbility attempts to provide a pleasant place to visit and a work place that reinforces self-esteem and productivity.

In seeking to fulfill this goal, KidsAbility will not tolerate any form of sexual or personal harassment. Under Canadian law this is considered to be any unwelcome conduct, comment, gesture or contact that occurs in a context that may cause offense or humiliation to any person.

Workplace harassment may involve, but is not limited to:

SEXUAL HARASSMENT


- Verbal and/or physical advances
- Sexually explicit language
- Gender-based insults
- Physical contact
- Comments or reference to one's physical characteristics
- Infringement on one's personal privacy and lifestyle
- Offensive materials

PERSONAL HARASSMENT

- Name-calling
- Teasing
- Demeaning jokes
- Threats
- Insults
- Racial or ethnic stereotyping

If you are subjected to any form of harassment, you are encouraged to notify your supervisor, or Human Resources. All contacts will be treated confidentially and without fear of reprisal.

An employee, who if proven guilty of harassment, will be disciplined up to and including discharge. KidsAbility will not tolerate any form of harassment and will endeavor to preserve a work place that protects individuals' rights and dignity.

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HARASSMENT POLICY ACKNOWLEDGEMENT

Under the Employment Standards Act, as a responsible organization, we have an obligation to ensure that all of our employees are aware that KidsAbility will not tolerate any form of harassment. Please read the attached Harassment Policy and then sign and date the following statement which will indicate that you have read, understood and are willing to oblige by our policy as a term of your employment.

I, _____, have read and understand the KidsAbility Harassment Policy. I agree with the terms of the policy and I acknowledge that any breach of this policy on my behalf may result in corrective action up to and including termination of employment.

Signature of Employee/Volunteer

Date

Signature of Witness

Date

(Please submit to HR/Volunteer Services)