



# Unlawful Harassment in Apprenticeship: A Tip Sheet for Apprentices

## HARASSMENT IS:

Actions or words that make an apprentice or group of apprentices feel uncomfortable, belittled, offended, threatened or intimidated. Harassment can range from offensive or crude language, to comments disparaging a particular racial group or an individual with a disability, to physical assaults and threats.

## HARASSMENT IN REGISTERED APPRENTICESHIP PROGRAMS IS UNLAWFUL WHEN IT IS:

- Because of someone's religion, sex (including pregnancy and gender identity), race, color, national origin, sexual orientation, disability, age (40 or older), or genetic information, or because he or she filed an EEO complaint;
- Unwelcome; and
- So frequent or severe that it creates a hostile or offensive work environment or results in an adverse employment decision.

## HARASSMENT IS A PROBLEM BECAUSE:

It can affect an apprentice's ability to perform his or her job effectively. Harassment can even affect the productivity and work quality of an entire team or company.

## OUR PROGRAM WILL **NOT** TOLERATE UNLAWFUL HARASSMENT.

Nor will we tolerate retaliation for reporting harassment or other discrimination, or participating in an investigation of such a report.

## WHAT SHOULD I DO IF I EXPERIENCE, WITNESS, OR HEAR OF HARASSMENT IN OUR PROGRAM?

If you experience harassment or are aware of it happening to others, report the incident(s) to the contact listed below. Reporting harassment can help resolve an uncomfortable situation and may prevent others from experiencing a similar situation. We will investigate claims of unlawful harassment and retaliation and take action to halt any such conduct.

In addition, you have a right to file a complaint of unlawful harassment (or any other form of unlawful discrimination) with the federal Office of Apprenticeship. Complaint forms and information about how to file them can be found at [www.apprenticeship.gov/eo/file-a-complaint](http://www.apprenticeship.gov/eo/file-a-complaint).

## FOR MORE INFORMATION, CONTACT:

[fill in the contact's name and preferred method of contact].

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