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DTOM 22/0 Foundation  
DTOM Veterans Ranch

13952 387th Ave, Warner SD. 57479

**Sexual Harassment Policy**

**South Dakota**

**Policy #01002 Sexual Harassment Policy**

**Purpose**: It is the DTOM Veterans’ Ranch Policy to promote a workplace that is free of sexual harassment or conduct that might reasonably be perceived as constituting sexual harassment or creating/contributing to a sexually hostile work environment.

**Statement**: Title VII of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, sex, age, or national origin. Sexual Harassment is included among the prohibitions. The DTOM Veterans Ranch Sexual Harassment Policy\_002 was designed to prohibit and deter any employee/volunteer/staff member or third-party business working directly with or for the DTOM Veterans Ranch from advancing any form of sexual harassment in the way employees/volunteers/staff members, clients, and family members, or third-party business interact and behave with/towards each other.

**Persons Covered:** This applies equally to relations between board members, senior leaders, managers, or anyone in any position working with or for the DTOM Veterans Ranch. Any incident of sexual harassment will be taken seriously, and any complaint or report of sexual harassment will be immediately investigated by a designated committee, and appropriate action will be taken against the offending employee/volunteer/staff members or third-party business member(s).

This Policy applies directly to all DTOM-paid employees, volunteers, clients, and family members. It also applies to all third-party individuals working, volunteering, or providing services on or for the DTOM Veterans Ranch Property.

**Definitions: Sexual Harassment Defined/examples:**

1. Transmitting any message by phone, email, or other electronic communication devices which is obscene, lewd, suggestive, or sexual in nature.
2. Any explicit or implicit forms of communication wherein a sexual favor or demand; whether by direct verbal communication (words), or actions, is made a condition for an individual’s employment, career, work progress, or promotion, thereby creating a hostile work environment.
3. Sexually charged/motivated jokes or remarks/behaviors that make employees, volunteers/staff members, clients, and their family members, or third-party business members uncomfortable, insecure, humiliated, or belittled due to this behavior.
4. A consistent and pervasive pattern of unnecessary physical contact, staring or targeting unreasonable attention at an individual in day-to-day work.
5. Any pervasive pattern of behavior which makes employees, volunteers, clients or their families, or third-party business members uncomfortable, insecure, humiliated, or intimidated, or disadvantaged based on gender differences.
6. Sexual Assault

**Procedure**:

\*\*This is an indicative, but not an exhaustive list of possible forms of sexual harassment. Each incident will be investigated to the fullest extent to ensure the proper course of action is taken for all parties involved.

Anyone who believes they have been the target of sexual harassment, or experienced any form of harassment outlined in this policy should report the time, date, and incident details to their manager or another individual in the chain of command. Document the details of the incident and report it immediately.

Any questions related to this policy should contact:

Dr. Tracy Diefenbach, MRMS Founder, Clinician  
President of Operations, Research, and Program Development  
DTOM Veterans Ranch  
13952 387th Ave, Warner, SD 57479  
Phone: 1-605-252-8792  
Email: [DocT@DTOM220.org](mailto:DocT@DTOM220.org)

I, the undersigned, do hereby certify that I have received, read, understood, and agree to abide by this Sexual Harassment Policy provided by the DTOM 22/0 Foundation and Veterans Ranch.

**Employee’s Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This review and signing of this form must be conducted in person with the HIPAA and PHI Privacy Compliance Officer.**

HIPAA and PHI Privacy Compliance Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_