POLICY ON ENDING DISCRIMINATION IN THE WORKPLACE

ISO 21001:2018 Educational Organizations Management System

1. Policy Statement

Misamis University is committed to a workplace founded on dignity, fairness, inclusivity, equal opportunity, and respect for human rights. The University prohibits direct and indirect discrimination, harassment, victimization, exclusion, and retaliation in any employment-related decision or workplace interaction. No qualified person shall be disadvantaged because of religion or belief, sex, sexual orientation, gender identity or expression, age, disability, ethnicity, race, nationality, civil status, pregnancy, health condition, socioeconomic status, political belief consistent with law, or any other characteristic protected by applicable law or University policy.

This commitment applies to recruitment, hiring, appointment, work assignment, compensation, benefits, access to facilities and information, training, scholarship and professional development, performance evaluation, promotion, recognition, discipline, grievance handling, termination, and all other terms and conditions of employment. Employment decisions shall be based on legitimate, transparent, job-related, and documented criteria.

The University shall prevent discrimination, provide accessible and confidential reporting channels, act promptly and impartially on complaints, protect persons from retaliation, provide reasonable accommodation where required, and use monitoring and corrective action to continually improve workplace equality. This policy supports the University PVMGO, ICARE Core Values, Manual on Governance, Administrative Handbook, Faculty Handbook, and ISO 21001:2018 EOMS.

2. Purpose

This policy establishes the University-wide requirements for preventing, reporting, investigating, correcting, and monitoring workplace discrimination. It is intended to ensure that employees and applicants receive fair treatment; that managers use objective employment criteria; that affected persons have access to due process and appropriate support; and that the University maintains documented information demonstrating implementation and continual improvement.

3. Scope

This policy applies to all colleges, schools, offices, units, campuses, facilities, work-related digital platforms, official travel, training, conferences, extension activities, social functions, and other activities conducted under University authority. It covers applicants, regular and probationary employees, full-time and part-time faculty, administrative and

support staff, contractual and project-based personnel, consultants, interns, volunteers, visiting personnel, and international staff, subject to applicable law and contractual arrangements.

The policy applies to conduct by supervisors, colleagues, subordinates, students, clients, contractors, suppliers, visitors, and other persons who interact with University personnel in connection with work.

4. Definitions

Discrimination. Any distinction, exclusion, restriction, preference, or disadvantage based on a protected characteristic that has the purpose or effect of impairing equal access, opportunity, treatment, dignity, or employment benefit.

Direct discrimination. Less favorable treatment of a person because of an actual, perceived, or associated protected characteristic.

Indirect discrimination. An apparently neutral rule, criterion, or practice that places persons sharing a protected characteristic at a particular disadvantage and is not objectively justified by a legitimate and proportionate work requirement.

Harassment. Unwelcome verbal, nonverbal, physical, written, visual, sexual, or digital conduct related to a protected characteristic that violates dignity or creates an intimidating, hostile, degrading, humiliating, or offensive environment.

Reasonable accommodation. Necessary and appropriate adjustments that enable a qualified person to participate or perform essential work functions, without imposing disproportionate or undue burden, and consistent with safety and legal requirements.

Retaliation. Any adverse action, threat, intimidation, harassment, or disadvantage imposed because a person raised a concern, made or supported a complaint, served as a witness, requested accommodation, or participated in an investigation in good faith.

Protected characteristics. Religion or belief, sex, sexual orientation, gender identity or expression, age, disability, ethnicity, race, nationality, civil status, pregnancy, health condition, socioeconomic status, and other characteristics protected by law or University policy.

5.Guiding Principles

Equal opportunity. Every employment decision shall be based on merit, competence, performance, legitimate institutional need, and other documented job-related criteria.

Substantive equality. The University recognizes that identical treatment may not produce equitable outcomes. Reasonable accommodation and lawful positive measures may be used to remove barriers and enable meaningful participation.

Respect for identity and belief. Personnel shall be treated with dignity regardless of religion or belief, sexual orientation, gender identity or expression, sex, age, disability, ethnicity, nationality, civil status, or other protected characteristic.

Accessibility. Information, facilities, digital systems, learning and work arrangements, and institutional processes shall be made accessible to the extent required by law and reasonably practicable.

Fairness and due process. Concerns shall be addressed objectively, promptly, confidentially, and without prejudgment. All parties shall have a reasonable opportunity to be heard.

No retaliation. No person shall suffer adverse treatment for making a good-faith report, requesting accommodation, supporting another person, or participating in a review or investigation.

Accountability and improvement. The University shall correct individual violations and address process weaknesses, recurring risks, and cultural conditions that permit discrimination.

6. Prohibited Conduct and Practices

Discrimination may occur through a decision, omission, rule, communication, pattern of conduct, or failure to provide a required accommodation. Prohibited conduct includes, but is not limited to:

- stating or implying an unjustified preference or restriction based on religion, sexuality, gender, sex, age, disability, ethnicity, nationality, civil status, pregnancy, or another protected characteristic in a job announcement or recruitment activity;
- rejecting, disadvantaging, segregating, or limiting an applicant or employee for a reason unrelated to the essential requirements of the position;
- applying different standards in appointment, workload, scheduling, compensation, benefits, evaluation, training, promotion, recognition, discipline, renewal, or separation because of a protected characteristic;
- denying promotion, training, leadership opportunity, scholarship, professional development, or participation in institutional activities on a discriminatory basis;
- imposing an arbitrary age requirement or using age as a basis for adverse employment action except when a lawful and documented occupational qualification or retirement rule applies;
- requiring, pressuring, or compelling a person to disclose religion, sexual orientation, gender identity, disability, medical information, pregnancy, or other sensitive information when it is not lawfully necessary;
- refusing a reasonable accommodation without an individualized assessment, documented justification, and consideration of effective alternatives;
- using slurs, jokes, ridicule, stereotypes, insults, threats, misgendering intended to humiliate, unwanted disclosure of identity, offensive images, or other degrading conduct related to a protected characteristic;

- excluding a person from meetings, assignments, facilities, information, professional networks, or workplace activities for a discriminatory reason;
- tolerating harassment, discriminatory behavior, or a hostile environment after a responsible officer becomes aware of it;
- directing, encouraging, assisting, concealing, or knowingly permitting another person to discriminate;

- retaliating against a complainant, respondent, witness, support person, decision-maker, or any person who participates in good faith in a protected process; and
- using institutional technology, messaging platforms, social media, or other digital channels to discriminate, harass, threaten, expose, or humiliate a person.

A distinction based on a protected characteristic may be permitted only when it is required by law or constitutes a genuine and documented occupational requirement that is necessary, proportionate, and incapable of being met through a reasonable alternative. Any proposed exception shall be reviewed by the Human Resource Office and, when necessary, legal or compliance personnel before implementation.

7. Responsibilities

University President and authorized approving authority. Provide leadership, approve institutional direction and resources, and ensure accountability for implementation.

Human Resource Office. Own and administer this policy; integrate equal-opportunity controls into employment processes; receive concerns; coordinate accommodation, investigation, support, corrective action, and required reporting; and maintain confidential records.

Quality Management Representative and Quality Assurance Office. Integrate relevant controls into the EOMS, verify implementation through audits and performance evaluation, track corrective actions, and elevate significant trends to Management Review.

Deans, directors, heads, and supervisors. Apply objective employment criteria, prevent discriminatory practices, respond to observed or reported concerns, protect confidentiality, prevent retaliation, and implement corrective actions.

Grievance, investigation, discipline, GAD, and related committees. Act within their approved mandates, observe impartiality and due process, identify conflicts of interest, protect parties, and recommend appropriate action.

Data Protection Officer. Advise on lawful, proportionate, and secure handling of personal and sensitive personal information.

All personnel. Treat others with dignity, comply with this policy, participate in required training, report concerns responsibly, cooperate in investigations, maintain confidentiality, and refrain from retaliation.

8. Procedure

8.1 Prevention and Equal Opportunity Controls

- Job descriptions, advertisements, selection criteria, interviews, appointments, compensation, evaluation, promotion, and separation decisions shall use documented and job-related criteria.
- Requirements that may disproportionately exclude a protected group shall be reviewed for necessity, lawfulness, proportionality, and reasonable alternatives.
- The University shall provide reasonable accommodation for religion or belief, disability, pregnancy, age-related needs, and other legally recognized circumstances, after an interactive and confidential assessment.
- Workplace communications, facilities, digital systems, schedules, training, and institutional activities shall be made accessible and inclusive to the extent reasonably practicable.
- Contracts and engagements with external providers shall communicate applicable standards of respectful and non-discriminatory conduct.

8.2 Awareness and Competence

The Human Resource Office shall communicate this policy during recruitment, onboarding, orientation, supervisory development, and periodic employee education. Personnel with responsibility for recruitment, evaluation, grievance handling, investigation, discipline, and accommodation shall receive role-appropriate competence development. Policy access shall be maintained through controlled handbooks, official digital platforms, and other authorized communication channels.

8.3 Reporting and Requesting Assistance

A person may report suspected discrimination or request assistance verbally or in writing through the Human Resource Office, immediate supervisor, next-level supervisor, designated grievance channel, GAD focal person, or other authorized reporting mechanism. When the immediate supervisor is involved, the concern may be submitted directly to HR or the next impartial authority. Anonymous reports may be assessed when sufficient information is available.

Reports should identify, when known, the conduct, date, location, persons involved, witnesses, supporting information, and requested assistance. Failure to provide complete information shall not automatically invalidate a report. Urgent safety, health, or retaliation risks shall be referred immediately for protective action.

8.4 Response Standards and Indicative Timelines

The following timelines guide internal handling unless the nature of the matter, availability of parties, need for accommodation, school calendar, or legal requirement reasonably requires adjustment. Any material delay and the reason for it shall be documented and communicated to the parties, where appropriate.

STAGE	INDICATIVE TIMELINE	REQUIRED ACTION
Acknowledgment and safety screening	Within 3 working days	Confirm receipt, explain options, identify urgent risks, and arrange immediate support or safeguards.
Preliminary assessment	Normally within 10 working days	Clarify allegations, determine jurisdiction and appropriate process, preserve records, and identify conflicts of interest.
Formal review or investigation	Normally within 30 working days after assessment	Gather and evaluate relevant information, interview parties and witnesses, and document findings.
Decision and communication	Normally within 10 working days after the report	Issue or endorse the authorized decision and communicate the outcome subject to privacy and due process.
Corrective-action follow-up	As specified in the action plan	Verify completion, assess effectiveness, and monitor retaliation or recurrence risks.

8.5 Initial Response and Interim Measures

The receiving office shall acknowledge the concern promptly, explain available processes and support, assess immediate risks, preserve relevant records, and refer the matter to an impartial authorized officer or committee. Interim measures may include schedule or reporting-line adjustments, no-contact directions, temporary reassignment, leave, accessibility arrangements, counseling referral, or other proportionate safeguards. Interim measures are preventive and shall not be treated as a finding of responsibility.

8.6 Informal Resolution

When the reported conduct is appropriate for informal resolution, the affected person freely agrees, and no serious safety, coercion, abuse-of-authority, or legal issue requires formal action, HR may facilitate clarification, coaching, agreed behavioral commitments, accommodation, restorative dialogue, or mediation. Participation shall be voluntary. A person may withdraw from informal resolution and request formal review. Informal resolution shall not prevent the University from taking action when institutional safety, legal duties, or serious misconduct are involved.

8.7 Formal Review Investigation and Resolution

- The University shall use a fair, timely, confidential, and impartial process appropriate to the nature and seriousness of the concern.

- The complainant and respondent shall be informed of the substance of the matter, given a reasonable opportunity to present information and witnesses, and treated with dignity and procedural fairness.
- Investigators and decision-makers shall disclose actual or perceived conflicts of interest and be replaced when impartiality may reasonably be questioned.
- Findings shall be based on available relevant information and the applicable institutional standard of proof, consistent with University rules and law.
- The parties shall be informed of the outcome to the extent permitted by privacy, employment, and due-process requirements, including available review or appeal mechanisms.

8.8 Corrective and Preventive Action

When a violation is established, the University shall take proportionate action consistent with due process and applicable rules. Measures may include counseling, training, apology or restorative measures where appropriate and voluntary, accommodation, correction of an employment decision, removal of discriminatory material or practice, supervisory action, disciplinary action, contract remedies, referral to competent authorities, and systemic corrective action. The University shall also address contributing process weaknesses and verify the effectiveness of actions taken.

8.9 Sanctions and Administrative Consequences

A substantiated violation may result in corrective or disciplinary action proportionate to the nature, severity, frequency, impact, position of authority, prior conduct, retaliation, and applicable University rules. Consequences may include written directive, mandatory training or coaching, formal warning, removal of supervisory or representative functions, reassignment, suspension, nonrenewal or termination of engagement, contract remedy, or referral to an external authority. Sanctions shall be imposed only by the authorized decision-maker and through applicable due process. Nothing in this policy limits rights or remedies available under law.

8.10 Confidentiality Privacy and Protection Against Retaliation

Information shall be shared only with persons who need it to assess risk, provide support, conduct due process, decide the matter, implement action, or meet a legal obligation. Records shall be protected according to the Data Privacy Act, University data-protection requirements, and the controlled-records system. Retaliation is prohibited and shall be treated as a separate violation. Good-faith reporting shall not result in penalty merely because an allegation is not substantiated; knowingly false or malicious statements may be addressed through due process.

8.11 Reasonable Accommodation Process

- A person may request accommodation verbally or in writing from HR, a supervisor, or another authorized office. The request need not use a particular form or legal term.
- HR shall discuss the work-related barrier, essential function, requested adjustment, expected duration, and possible alternatives with the requesting person in a respectful and confidential manner.
- Only information reasonably necessary to evaluate the request may be required. Medical or sensitive personal information shall be restricted to authorized personnel.

- The University shall assess effectiveness, feasibility, safety, cost, operational impact, available resources, and possible alternatives. The preference of the requesting person shall receive due consideration.
- The decision, agreed accommodation, responsible persons, implementation date, review date, and any lawful reason for denial shall be documented and communicated.
- Accommodation effectiveness shall be reviewed when circumstances change or when either the employee or supervisor identifies a concern.

8.12 Support for Affected Persons

Depending on need and available services, the University may provide or facilitate confidential guidance, counseling referral, medical or safety assistance, accessibility support, schedule or work adjustments, assistance in preserving evidence, information on internal and external remedies, and a support person during meetings. Support shall be offered without prejudging the merits of the complaint and, as far as practicable, without placing an unreasonable burden on the affected person.

9. Records

RECORD	RESPONSIBLE CUSTODIAN	CONTROL OR RETENTION
Policy communication and training records	Human Resource Office	Per approved records-retention schedule
Recruitment and employment decision records	Human Resource Office / concerned unit	Per approved records-retention schedule
Accommodation requests and decisions	Human Resource Office	Restricted and confidential
Complaints, risk assessments, investigation files, and resolutions	Authorized HR or committee custodian	Restricted and confidential
Corrective-action and effectiveness-verification records	HR / Quality Assurance / concerned unit	Per EOMS documented-information controls
Monitoring, audit, and Management Review records	Quality Assurance Office / QMR	Per EOMS records-retention schedule

10. Monitoring and Evaluation

The Human Resource Office and Quality Assurance Office shall evaluate policy implementation using appropriate qualitative and quantitative information while protecting privacy. Monitoring may include:

- completion of policy communication and required training;
- number and general nature of concerns, without identifying individuals;
- timeliness and status of responses, resolutions, and corrective actions;
- requests for and provision of reasonable accommodation;
- workforce recruitment, development, promotion, compensation, and separation patterns, disaggregated only where lawful, ethical, statistically appropriate, and confidential;

- employee climate, inclusion, grievance, audit, and stakeholder-feedback results; and
- recurrence, systemic risks, effectiveness of corrective action, and opportunities for improvement.

Significant results, risks, nonconformities, and improvement actions shall be considered in applicable audits, risk reviews, performance evaluation, and Management Review. Information shall be used to improve systems and shall not be used to stigmatize individuals or groups.

11. Review and Continual Improvement

The Human Resource Office, in coordination with the Quality Management Representative, Quality Assurance Office, GAD focal mechanism, Data Protection Officer, and relevant stakeholders, shall review this policy at least once every three years and earlier when required by changes in law, ISO 21001 requirements, institutional structure, audit results, complaints, identified risks, or stakeholder feedback. Revisions shall follow the University's documented-information approval and change-control process.

12. Implementation Evidence

The following documented information may be maintained to demonstrate effective implementation for ISO 21001:2018, institutional audit, PQA, accreditation, and THE Impact Rankings purposes, subject to confidentiality and data-protection controls:

- approved policy, revision history, distribution list, and public posting or official website record;
- employee orientation materials, attendance records, competence evaluations, and supervisory training records;
- inclusive recruitment templates, job advertisements, selection matrices, interview guides, and documented employment decisions;
- reasonable-accommodation requests, assessments, decisions, implementation records, and follow-up reviews;
- complaint intake records, risk assessments, investigation authorities, conflict-of-interest declarations, findings, decisions, and corrective-action records;
- anonymized monitoring summaries, employee climate results, audit findings, risk-register entries, Management Review outputs, and improvement plans; and
- evidence that the policy applies to women, international staff, persons of diverse religions and beliefs, LGBTQIA+ persons, different age groups, persons with disabilities, and other protected groups.

13. Related Documents and References

- Misamis University PVMGO and ICARE Core Values
- Manual on Governance
- Administrative Handbook and Faculty Handbook
- Human Resource policies and procedures
- Complaint and Grievance Management Procedure
- Anti-Sexual Harassment and Safe Spaces policies and procedures
- Gender and Development and accessibility or inclusion policies

- Code of Ethics, disciplinary rules, and due-process procedures
- Data Privacy and records-management policies
- ISO 21001:2018 Clauses 4.2, 5.1, 5.2, 5.3, 7.2 to 7.5, 8.1, 9.1 to 9.3, and 10.2 to 10.3
- 1987 Constitution of the Republic of the Philippines
- Presidential Decree No. 442, Labor Code of the Philippines, as amended
- Republic Act No. 9710, Magna Carta of Women
- Republic Act No. 7877, Anti-Sexual Harassment Act of 1995
- Republic Act No. 11313, Safe Spaces Act
- Republic Act No. 10911, Anti-Age Discrimination in Employment Act
- Republic Act No. 7277, Magna Carta for Disabled Persons, as amended
- Republic Act No. 10173, Data Privacy Act of 2012

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