



Mendocino County

Legislation Details (With Text)

File #: 17-0908 **Version:** 1 **Name:**
Type: Proclamation **Status:** Adopted
File created: 9/25/2017 **In control:** Executive Office
On agenda: 10/3/2017 **Final action:**
Title: Adoption of Proclamation Recognizing October 15-21, 2017, as Freedom from Workplace Bullies Week in Mendocino County
(Sponsor: Executive Office)

Sponsors:

Indexes:

Code sections:

Attachments: 1. PROCLAMATION - Workplace Bullying, 2. Signed Proclamation.pdf

Date	Ver.	Action By	Action	Result
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To: Board of Supervisors

From: Executive Office

Meeting Date: October 3, 2017

Department Contact: Carmel J. Angelo

Phone: 463-4441

Item Type: Consent Agenda

Time Allocated for Item: N/A

Agenda Title:

Adoption of Proclamation Recognizing October 15-21, 2017, as Freedom from Workplace Bullies Week in Mendocino County
(Sponsor: Executive Office)

Recommended Action/Motion:

Adopt Proclamation recognizing October 15-21, 2017, as Freedom from Workplace Bullies Week in Mendocino County; and authorize Chair to sign same.

Previous Board/Board Committee Actions:

None.

Summary of Request:

Workplace Bullying is a systematic campaign of interpersonal destruction that jeopardizes employee health, shatters careers, and strains families. Bullying is non-physical, non-lethal workplace violence. It is abusive, causing psychological injuries and stress-related diseases. The week is a chance to break through the silence and secrecy. It is a week to be daring and bold. Everyone deserves a safe, healthy, and dignified workplace.

Alternative Action/Motion:

Do not adopt Proclamation.

Supplemental Information Available Online at: <http://www.bullyfreeworkplace.org/>

Fiscal Impact:

Source of Funding: N/A

Current F/Y Cost: N/A

Budgeted in Current F/Y: N/A

Annual Recurring Cost: N/A

Supervisory District: All

Vote Requirement: Majority

Agreement/Resolution/Ordinance Approved by County Counsel: N/A

CEO Liaison: Alan D. Flora, Assistant CEO

CEO Review: Yes

Comments:



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Executed By: Nadia Tipton

Final Status: Adopted

Date: October 4, 2017

Executed Item No.: Item Number:

Note to Department:

Executed Documents Returned to

Department: Originals _____ Copies

_____ Hand Delivered _____ Interoffice

Mail _____ Executed Agreement Sent to

Auditor? Y/N