



## Enable Healthcare, Inc.

100 Eagle Rock Avenue, Suite 306 | East Hanover, NJ | 07936

Phone: (973) 200-7300 Fax: (862) 701-5686

<http://emr.ehiconnect.com/ehi>

# EHI Racial Discrimination Policy

Racial discrimination involves treating someone unfavorably because he/she is of a certain race or because of personal characteristics associated with race (such as hair texture, skin color, or certain facial features). Color discrimination involves treating someone unfavorably because of skin color complexion.

Race/color discrimination also can involve treating someone unfavorably because the person is married to (or associated with) a person of a certain race or color.

Discrimination can occur when the victim and the person who inflicted the discrimination are the same race or color.

Examples of racial discrimination in employment could include:

- not employing someone from a particular racial group because ‘those people are unreliable’
- not employing or promoting someone because of assumptions they would not ‘fit in’ with their colleagues
- unfair treatment during work based on race such as subjecting employees to negative comments about their race
- making fun/jokes of another’s race

Enable Healthcare makes it unlawful to discriminate when advertising jobs, during recruitment and selection processes, when making decisions about training, transfer, and promotion opportunities, and in the terms, conditions, and termination of employment.

EHI also protects people from being treated unfairly because of their association with a person of a particular race, color, or national/ethnic origin.

All forms of harassment of, or by, employees, vendors, visitors, customers, and clients are strictly prohibited and will not be tolerated.



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### **Employee Racial Discrimination Policy Acknowledgement**

I have read and been informed about the content, requirements, and expectations of the racial discrimination policy of employees at EHI Company.

I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my employment and my continuing employment at EHI.

I understand that if I have questions at any time regarding this policy, I will consult with my immediate supervisor or the Human Resources Manager.

**Please read the policy carefully to ensure that you understand the policy before signing this document.**

**Employee Signature:**

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**Employee Printed Name:**

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**Date:**

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