# Policy: HR – Whistleblower Anti-Retaliation

Purpose: Whistleblower as defined by this policy is an employee of [Company] who reports an activity that he/she considers to be illegal or dishonest to one or more of the parties specified in this Policy. Examples of illegal or dishonest activities are:

* Violations of federal, state or local laws.
* Billing for services not performed.
* Other fraudulent financial reporting.

## Policy:

If an employee has knowledge of or a concern about illegal or dishonest or fraudulent activity, the employee should contact his/her immediate supervisor or the Human Resources director. The employee must exercise sound judgment to avoid baseless allegations. An employee who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination.

Whistleblower protections are provided in two important areas, confidentiality and against retaliation. The confidentiality of the whistleblower will be maintained, if possible. However, the whistleblower’s identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. The company will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, poor work assignments or threats of physical harm.

Any whistleblower who believes he/she is being retaliated against must contact the Human Resources director immediately. The right of a whistleblower to protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated. All reports of illegal and dishonest activities will be promptly submitted to the member of the Human Resources Department who is responsible for investigating and coordinating corrective action. Employees with any questions regarding this policy should contact the director of Human Resources.

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_