

Integral Heart Foundation

Whistleblower Policy

Revised January 18, 2011

If any employee reasonably believes that some policy, practice, or activity of The Integral Heart Foundation is in violation of law, a written complaint must be filed by that employee with the Executive Director or the Board President.

It is the intent of The Integral Heart Foundation to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization's goal of legal compliance. The support of all employees is necessary to achieving compliance with various laws and regulations.

An employee is protected from retaliation only if the employee brings the alleged unlawful activity, policy, or practice to the attention of The Integral Heart Foundation and provides The Integral Heart Foundation with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees that comply with this requirement.

The Integral Heart Foundation will not retaliate against an employee who in good faith, has made a protest or raised a complaint against some practice of The Integral Heart Foundation, or of another individual or entity with whom The Integral Heart Foundation has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.

The Integral Heart Foundation will not retaliate against employees who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of The Integral Heart Foundation that the employee reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate of public policy concerning the health, safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with an opportunity to ask questions about the policy.

_____ Date

_____ Print Name

_____ Witness Signature _____ Print Name
_____ Title