



Type: General Administration

Authority: Board

Related Documents:

Preamble

Grey Bruce Hospice Inc. (GBH) encourages current and former employees, volunteers, and Board members to communicate events of serious concerns about the organization.

Policy Statement

GBH is committed to always conducting itself with honesty and integrity. If, at any time, this commitment is not followed or appears in doubt, GBH will seek to identify and remedy such situations. Accordingly, it is the Policy of GBH to ensure that when an individual has reasonable grounds to believe that a GBH employee, volunteer or board member has committed, or is about to commit, a GBH whistleblowing event:

- The employee, volunteer or board member may disclose this information
- The complainant will be protected from reprisals;
- All parties to an investigation will be treated fairly and equitably;
- Confidentiality will be maintained to the greatest extent possible; and
- If reporting was malicious in intent, appropriate remedial and disciplinary actions will be taken, up to and including dismissal.

This Policy is in accordance with Federal and Provincial Legislation.

125.01 Responsibilities

1. GBH is responsible for establishing internal controls and procedures to prevent Fraud and to protect the resources it is entrusted with. If Fraud occurs, GBH is obliged to carry out a vigorous and prompt investigation, taking appropriate legal and / or disciplinary action in cases that would be justified, and to ensure that changes to systems and procedures take place immediately to prevent similar Frauds from happening again.
2. GBH also has the duty to ensure its environment is a secure place in which to work and where people are confident to raise concerns without fear of reprisal.
3. Executive Director and Leadership Team have the responsibility to:
 - a. Ensure adequate internal control exists within their area of responsibility and that controls operate effectively and in accordance with financial policies and procedures.
 - b. Ensure that GBH's Code of Conduct, Fraud Policy and financial policies are well communicated within their areas of responsibility.
 - c. Report any suspected fraudulent act in accordance with the Code of Conduct or Fraud Policy as outlined in **Section #2** below.
4. All employees have a responsibility to:
 - a. Ensure they are familiar with and comply with GBH's Code of Conduct policy as well as the Fraud Prevention Policy.

- b. Report any suspected fraudulent act in accordance with the Code of Conduct or Fraud Policy
 - c. Employees may remain anonymous when reporting a suspected Fraud but must maintain strict confidentiality concerning a reported Fraud at all times.
5. Third parties
- a. Any third party, who knows or has reason to believe a Fraud has occurred, should notify the Executive Director, Treasurer, or Board Chair.

125.02 Actions Constituting Fraud

Fraud and other similar irregularities include, but are not limited to:

1. Forgery, falsification, alteration, destruction or fabrication of any paper or electronic financially related record (for example, cheques, time sheets, vendors, contracts, requisitions, budgets, accounting records, etc.);
2. Making false financial claims and statements, including but not limited to authorizing or receiving payment for hours not worked;
3. Misappropriation of funds, supplies, or any other asset;
4. Irregularity in the handling or reporting of financial transactions;
5. Misappropriation or unauthorized use or misuse of property, equipment, materials or records
6. Seeking or accepting anything of material value from vendors, consultants or contractors doing business with GBH in violation of the Code of Conduct or the Gift/Donations or Fundraising policies;
7. Corruption, giving or receiving discounts or rebates or incentives without GBH approval, authorizing or receiving payments for goods not delivered or services not performed, tendering irregularities, etc.;
8. Disclosing confidential and proprietary information to outside parties;
9. Any computer-related activity involving the alteration, destruction, forgery, or manipulation of data for fraudulent purposes or misappropriation of GBH owned software in addition to the inappropriate use of computer systems where a financial impact is involved, including unauthorized access and software piracy; and
10. Non-compliance with financial provisions of GBH policies, procedures or practice or with any law.

125.03 Definition - Reasonable Grounds for a Whistleblower Event

For the purposes of this Policy, a complaint may be submitted if any one of the following incidents occurs:

1. Accounting, auditing, or other financial reporting fraud or misrepresentation;
2. Violations of federal or provincial laws that could result in fines or civil damages payable by GBH, or that could otherwise significantly harm GBH's reputation or public image;
3. Unethical business conduct in violation of any GBH policies and/or GBH Code of Conduct;
4. Danger to the health, safety, or well-being of employees, volunteers and/or residents/families/caregivers;
5. Awareness of medical misconduct by staff or volunteers

125.04 Filing a Notice

A complaint or statement of concern may be submitted in writing to the Executive Director, Human Resources Coordinator, or Chair of the Board. The written statement should include the following information:

1. Description of the activity
2. Date complainant became aware of the activity
3. Name of individual suspected of the activity
4. Steps taken (if any) prior to making complaint or allegation (i.e., spoke with supervisor).

125.05 What a Complainant May Expect

1. A response of receipt should be given to the complainant within 3 business days, but additional response may not be required, or able, due to the investigation process or privacy. This does not mean the case is not being handled.
2. The responsible party will evaluate and, if needed, gather more information.
3. All complaints will be treated as confidential and sensitive. In addition, the complainant shall be provided the opportunity to remain anonymous, save and except in those circumstances where the nature of the disclosure and/or the resultant investigation make it necessary to disclose identify (for example, legal investigations or proceedings). In such cases, all reasonable steps shall be taken to protect the complainant from harm as a result of having made a disclosure.

125.06 Reprisal

1. The complainant will not be discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against as a result of communicating a genuine concern. Any GBH employee found to be in violation of this policy when dealing with a complainant may be subject to termination of employment. Similarly, any volunteer or Board member found to be in violation of this policy when dealing with a complainant may have their relationship with GBH terminated.
2. An individual is not required to prove the truth of an allegation, but he/she is required to act in good faith, and to provide sufficient evidence to the person contacted in order to show that there are sufficient grounds for concern. The amount of contact between the complainant and the investigating body will depend on the nature of the issue and the clarity of the information provided. The investigating body may seek further information from the complainant.

125.07 Malicious Reports

Any individual who does not act in good faith in reporting a suspected violation may be subject to disciplinary action up to and including termination of employment or relationship with GBH.

125.08 Investigation

1. Once a complaint is brought forward an investigation will commence.
2. The Executive Director, in receipt of the complaint may enlist the assistance of other employees, legal counsel, accounting or other advisors as may be appropriate to conduct the investigation. If the complaint is pertaining to the Executive Director, the Board Chair will take action.
3. A report will be prepared, and any legal or other action will be taken as appropriate.
4. Each complaint will be treated as confidentially as possible and with due care.
5. The results of the investigation will be shared with the complainant to the extent possible and within reasonable time.

125.09 Review Cycle

This policy will be reviewed at least every three years.

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Reviewed On:

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