

Policy No:	038	Version No:	2
Policy Title:	WHISTLE BLOWING POLICY		
Date of Issue:	April 2015		
Date of Revision:	1 January 2018		

Cerebral Palsy Alliance Singapore's (CPAS) is committed to a high standard of Corporate Governance. This whistle blowing policy aims to provide an avenue for employees and external parties to raise concerns, of any activity that is an actual, suspected, or anticipated wrong doing within or by CPAS that is within CPAS's ability to manage and control.

SCOPE

This policy seeks to establish a trusted avenue available for all employees as well as all external parties to express their concern on suspected wrongdoings which may include but are not limited to the following:

- a. General malpractice such as immoral, illegal or unethical conduct;
- b. Potential infractions of Code of Conduct relating to impropriety, corruption, acts of fraud, theft and / or misuse of CPAS's properties.
- c. Any other serious improper action which may cause financial or non-financial loss to CPAS or damage CPAS's reputation;
- d. Criminal activity;
- e. Dangerous activities which pose as a threat to the health & safety of CPAS and / or the society and country.

PROTECTION AGAINST REPRISAL AND CONFIDENTIALITY

CPAS assures its employees and external parties that through this policy, they do not have to fear retaliation if they are to report any suspected serious misconduct or breach of law or organisation regulations, done in good faith.

CPAS will protect the privacy of any employee or external party who reports the misconduct; however CPAS shall not condone any frivolous, mischievous or malicious allegations with malicious intentions. In such cases disciplinary action may be taken against that individual.

CPAS will treat any reported cases fairly and will conduct a thorough investigation. This is to ensure that only those who are proven to have acted in a manner deemed improper by CPAS will be penalised.



CHANNELS OF REPORTING

Concerns may be raised by downloading the whistle blowing report form from the website and emailing it to **whistleblow@cpas.org.sg** or send it to the following address attention to the Audit Sub-Committee Chairman in a sealed envelope marked private & confidential.

Mailing address:
Cerebral Palsy Alliance Singapore
HQ Office, Level 4
65 Pasir Ris Drive 1,
Cerebral Palsy Centre,
Singapore 519529

Upon receiving the report, the whistle blowing committee will investigate your report. If the investigation requires an interview with the whistleblower, all whistle blowing committee members will be present.

As the nature of whistle blowing report can be varied, the duration of investigation can be prolonged. If the identity of the whistle blower is made known, the investigation team / person will update the whistle blower on the progress and final outcome.

After confirming the report, the whistle blowing committee members will recommend the course of action to be taken, to the Executive Board members. The Executive Board members will ensure that the appropriate action to be taken is within the organisation's guidelines for those who have breached the organisation's regulations. Law enforcement authorities will be notified for instances involving crimes and situations which is detrimental to national interest.

WHISTLE BLOWING COMMITTEE MEMBERS

Chairman, CPAS Board
Chairman, Audit Sub-Committee
Honorary Treasurer, CPAS Board

WHISTLE BLOWING REPORT FORM

PART 1

Please provide your particulars, in the events if the investigation require an interview session. However if you wish to remain anonymous, please proceed directly to Part 2

Name:			
Designation:		Department:	
Contact Number:		Email:	

PART 2

Suspect's Information

Name:			
Designation:		Department:	
Contact Number:		Email:	

PART 3

The Complaint

What misconduct had occurred?

How many were involved? What was the suspect's role in this?

When did this happen?

How did you come to know of it?

Do you know of any parties that can help with the investigation?

PART 4	
Submission of Report	
Please submit the completed report to: whistleblow@cpas.org.sg	
This section can be left blank for electronic submission of the report.	
Signature of Applicant	Date

FOR OFFICIAL USE	
Date received:	
Investigation required:	
Investigation done by:	
Action taken:	

Signature of Committee Members:

<hr/> Name: Designation: Date:	<hr/> Name: Designation: Date:	<hr/> Name: Designation: Date:
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