

## **AMERICAN UNIVERSITY IN BULGARIA WHISTLEBLOWER POLICY**

- The University Policies require that all employees observe high standards of business and personal ethics in the conduct of their responsibilities and comply with all applicable laws and regulations.
- The University has a responsibility to investigate and report to appropriate parties allegations of suspected improper activities, and to protect from harassment, retaliation, or adverse employment consequences those employees or students who, in good faith, report these activities to the appropriate authority.
- The University will take whatever action may be needed to prevent and correct improper activities and also to protect the individual reporting the matter.
- Allegations which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.
- Allegations of suspected improper activities should be made in writing to assure a clear understanding of the issues raised.
- Among the types of concerns that might be addressed are misleading financial reporting, use of University resources for personal gain, or falsifying records.
- Such reports should be factual and contain as much specific information as possible.
- In most cases, an employee's supervisor or unit administrator is in the best position to address an area of concern.
- When allegations of suspected improper activity concern a senior administrator, the report should go to the Chair of the Audit Committee designated as the Compliance Officer.
- The Audit Committee will address all issues related to accounting practices, internal controls, or auditing.
- Reports of improper activities will be kept confidential to the extent possible, investigated promptly and corrective action taken if warranted.

# **AMERICAN UNIVERSITY IN BULGARIA WHISTLEBLOWING PROCEDURE**

## **I. Introduction**

1. The University is committed to maintaining the highest standards. It seeks to conduct its affairs in a responsible manner, particularly with regard to fair-dealing, openness and accountability.
2. The Whistleblowing Procedure allows an individual to raise concerns, in the public interest, about actions or behavior when, taking into consideration the nature of the issue, it would be inappropriate to use the usual channels.
3. Whistleblowing is the process of raising a concern by an individual who has discovered information which he/she reasonably believes to show one or more types of malpractice, wrongdoing or dangers (as specified in this Whistleblowing Procedure) that could threaten colleagues, students, suppliers, contractors or the public, and which should be disclosed in the public interest.
4. The purpose of this Whistleblowing Procedure is to enable such disclosures, provide guidance as to how to raise such concerns and to reassure staff and students that they can raise genuine concerns without fear of reprisal.

## **II. Scope**

5. This Whistleblowing Procedure applies to all staff members, students, members of Board of Trustees and other members of the University. This policy does not apply to the conference attendees or visitors, unless they are deemed employees of the University.
6. The procedure is designed to enable members of the University to raise concerns at a high level and/or disclose information which the individual believes to show serious malpractice and/or impropriety within the University. The disclosure should be in the public interest – the Whistleblowing Procedure cannot be used to raise purely private matters (e.g. relating to individual contract) or in relation to a grievance which seeks to redress a wrongdoing to oneself.
7. The Whistleblowing Procedure is not designated for, and shall not be used in questioning of financial and/or business decisions taken by the University, nor to replace existing standard line reporting channels, nor to be used as an alternative to existing and relevant University processes and policy such as grievances, discipline, bullying and harassment, misconduct, etc. Any matter that has already been addressed under any other established procedure shall not be reconsidered under the Whistleblowing Procedure.
8. There might be cases where a disclosure made initially under the Whistleblowing Procedure be further or subsequently investigated under other policies and procedures as deemed necessary or more appropriate, including the procedures referred to in paragraph 7 above.
9. This Whistleblowing Procedure deals with disclosures of information which, in the reasonable belief of the person making them, are in the public interest, and express concerns that one or more of the following matters is either happening, has taken place or is likely to happen in the future: a criminal offence; a failure to comply with a legal obligation; a miscarriage of justice; an act creating a risk to health and safety; an act causing damage to the environment; unethical conduct; fraudulent activities or the deliberate concealment of any of the above.
10. The above list is not intended to be a comprehensive one and any matters raised under this Whistleblowing Procedure will be considered seriously. Nevertheless, it is up to the University to decide whether or how an investigation should be conducted, and to determine any actions which might be required or are to follow as a result of the investigation.

## **III. Protection and Confidentiality**

11. The University staff is provided with protection against being dismissed or penalized as a result of disclosing information which, in the reasonable belief of that member of staff, is in the public interest and tends to show the characteristics specified in this Whistleblowing Procedure. No discloser will suffer detriment or adverse treatment from the University as an employer as a result

of making the protected disclosure.

12. Protection is applied provided that the concerns are raised according to the procedure and to the persons set herein.

13. It should be taken into consideration that a disclosure will not necessarily qualify for protection if the person making the disclosure commits an offence by making it – e.g. breaching legislative or professional obligations with regard to the information contained in the disclosure, etc.

14. Disclosures will be treated in a confidential and sensitive manner and all related material will be stored securely. The information produced when handling a disclosure will be kept confidential, limiting access to those people relevant to the investigation. The identity of individuals making allegations will be kept confidential to the extent that it does not hinder or impede the investigation. In such cases, the University will inform the individual before it takes any further action which might break the initial confidentiality. It should be noted, however, that if it is necessary the identity of individual making the disclosure may be revealed during the investigation and such an individual may need to provide a statement as part of the evidence required.

#### **IV. Anonymous and Untrue Allegations**

15. Individuals raising the concerns under this Whistleblowing Procedures are encouraged to identify themselves.

16. It must be noted that anonymous concerns carry less credibility, may prove difficult to investigate and the University will have discretion in each case whether to continue with the processing an anonymous disclosure. In exercising the discretion, consideration will be given to: the seriousness of the issues raised; the degree of credibility of the concern; and the likelihood of confirming the allegation from alternative credible sources.

17. If an individual discloses information under this Whistleblowing Procedure which he or she reasonably believes shows or indicates malpractice, wrongdoing or danger in the public interest, but which is not confirmed by the carried out investigation, then no detrimental or disciplinary action will be taken against such individual.

18. If, however, it is found out and concluded that such an individual have made malicious or vexatious allegations pursuing personal gain, actions may be taken against this individual under the relevant disciplinary or other applicable procedure.

#### **V. Procedure**

19. Disclosures should be made at the earliest opportunity.

20. Disclosures should state that they are being made under this Whistleblowing Procedure.

21. Disclosures should contain as much details as possible with regard to the concerns raised including, where applicable: the names of individuals, events, locations and dates.

22. Where more people wish to raise a concern each one of them should make his/her own disclosure and they should not discuss the matter among themselves further on. Joint disclosures may lead to counter-allegations, confusion or misinterpreted information.

23. The individual raising the concern should make the disclosure in writing by e-mail to the attention of the Whistleblowing Officer at [whistleblowing.aubg@penakova.com](mailto:whistleblowing.aubg@penakova.com). When that individual is the subject of the disclosure, it should be made to the President of AUBG.

24. The Whistleblowing Officer as soon as practically possible will issue an acknowledgement of receipt of the disclosure to the individual making the disclosure (where the identity is known) and forward the received disclosure to the President of AUBG or a designee or, if the whistleblowing disclosure concerns the President of AUBG or the designee, to the corresponding person upwards according to a provided organizational chart (if no such person can be identified the received disclosure must be forwarded to the Chairman of the Board of Trustees) (the "Designated Person").

25. The official role of the Whistleblowing Officer and his/her primary responsibility is of a reporting party – to receive disclosures of allegations of suspected improper activities (as identified herein) and administer them by forwarding them to the respective Designated Person within the University. The Whistleblowing Officer is not an investigator, nor does he/she determine the appropriate corrective or remedial actions.

26. The Designated Person to whom the disclosure has been forwarded will consider the disclosure and the information made available to him/her and decide whether the disclosure falls

within the scope of this Whistleblowing Procedure or not or whether it would be more appropriately considered through another policy and inform the individual making the disclosure (if not made anonymously) about his/her decision, including the justification, within twenty working days as of the date when the Designated Person received the forwarded disclosure.

27. If the disclosure is found not to meet the criteria set out in this Whistleblowing Procedure and/or otherwise without substance, no further action will be taken.

28. If the disclosure is found to fall within the scope of another University policy the Designated Person will refer the disclosure to the relevant manager for further action to be taken under the applicable University policy or procedure.

29. If the disclosure is found to meet the criteria set out in this Whistleblowing Procedure the Designated Person will decide whether to:

29.1. Appoint someone internal to the University to lead an investigation;

29.2. Appoint someone external to the University to lead an independent inquiry, or

29.3. Refer the matter directly for external investigation by competent authorities – the police, the Executive Environment Agency, or similar.

30. When allegations of suspected improper activity concern a senior administrator, the Designated Person shall send the disclosure to the Chair of the Audit Committee designated as the Compliance Officer. The Audit Committee will address all issues related to accounting practices, internal controls, or auditing.

31. The individual raising the concern may be required to attend additional meetings to provide further information to assist in making the initial assessment.

32. Where the matter is to be investigated internally within the University, the investigator will normally be a member of the University Management Team independent of the area in which the malpractice or impropriety is alleged to have occurred. The Investigating Officer will play no part in any decisions which are taken in response to the findings of the investigation, and will have no involvement with or responsibility for any other procedures which may be invoked as an outcome of the investigation. The Investigating Officer will, at his/her sole discretion, determine the scope of the investigation and will be supported, if necessary, by the appropriate team.

33. Disclosures will be investigated as sensitively and quickly as possible. Where reasonably practicable the investigation should be completed within 30 working days.

34. All concerns raised by an individual will be treated fairly and properly.

35. Official written records will be kept at each stage of the whistleblowing investigation process.

36. Once an investigation (whether internal or external) has been completed, a written report will be submitted to the Designated Officer who will determine what action, if any, should be taken in the circumstances.

37. The Designated Person will at this stage and provided that it is possible, taking into account any need for confidentiality, inform the individual who made the disclosure of the outcome of the investigation and what action, if any, has been or is to be taken. If no action has been or is to be taken the individual concerned will be informed of the reasons for this.

38. The individual who made the disclosure may not seek review of any decision made. But if the individual who made the disclosure is dissatisfied with this outcome, because: the procedures have not been followed properly; or there is evidence of prejudice or bias in the handling of the case; or there is further evidence of malpractice which was not available at the time of the original disclosure, he/she may escalate the disclosure to the Chair of the Audit Committee, always with a copy to the Chair of the Board of Trustees (or, if the whistleblowing disclosure concerns the Chair of the Audit Committee – only to the Chair of the Board of Trustees), whereas the Chair of the Audit Committee (correspondingly the Chair of the Board of Trustees) will either confirm the decision that no further action be taken or will determine what further action is to be taken and the process by which that action will be taken and its decision in this respect shall be final.

## **VI. Enforcement**

39. The President of AUBG is responsible for overseeing and enforcing this procedure.

40. Failure to comply with this procedure may lead to: reputational damage to the University; staff loss of confidence and belief in the integrity of the management of the University; risk of disclosures being reported to an external regulator.

## **VII. Review of the Whistleblowing Procedure**

41. This Whistleblowing Procedure and its effectiveness shall be reviewed at intervals of no longer than five years. The next scheduled review will be due by October 2023, but the Procedure may be reviewed before that in the event of changes to legislation and to ensure its continued effectiveness.

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Revisions