AFT Guild, Local 1931  
Whistleblower Policy  
*Updated and Approved November 1st, 2018*

I. General

The American Federation of Teachers (“AFT”) requires all of its members, officers, employees, and volunteers to observe high standards of personal ethics and legal compliance in conducting their duties and responsibilities. As employees and representatives of AFT, we must practice honesty and integrity in carrying out our responsibilities and comply with applicable policies, laws and regulations.

II. Reporting Responsibility

This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns internally so that the AFT can address and correct inappropriate conduct and actions. It is the responsibility of all AFT Executive Council members, AFT officers and AFT employees to report known or suspected ethical or legal violations.

III. No Retaliation

No person who in good faith reports a known or suspected violation shall be subjected to retaliation, intimidation, harassment or other adverse action. Any person entitled to protection who believes that he or she is the subject of any form of retaliation for such participation should report the same as a violation of, and in accordance with, this Whistleblower Policy.

An AFT employee who retaliates against someone who has reported a violation in good faith or who, in good faith, has cooperated with the investigation of a violation is subject to serious disciplinary measures up to and including termination of employment.

IV. Reporting Violations

The AFT has an open-door policy and encourages employees to share their questions, concerns, suggestions or complaints. AFT’s President is responsible for ensuring that all complaints about ethical or legal violations are processed, investigated, and, wherever possible, resolved. The AFT President will collaborate with the AFT Executive Council to select an investigative committee of disinterested individuals. Officers and managerial employees are required to report complaints and concerns about known or suspected ethical and legal violations in writing to the President, who has the responsibility to investigate all reported complaints. If the AFT President is the subject of the complaint, you are directed to speak with the AFT Grievance Chair.
V. Acting in Good Faith

Anyone filing a written complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information provided constitutes a violation. Any knowingly false or malicious allegations will be viewed as a serious disciplinary offense.

VI. Confidentiality

Violations or suspected violations may be reported on a confidential basis. Reports of violations or suspected violations will be kept confidential to the extent possible, with the understanding that a complaint requires an adequate investigation.

VII. Handling of Reported Violations

The AFT President will notify the complainant in writing and acknowledge receipt of the reported violation or suspected violation. The acknowledgement may include a request for additional information. All reports will be promptly processed, investigated, and appropriate corrective action will be taken if warranted by the investigation.
American Federation of Teachers, Local 1931
Complaint Form for Filing a Protected Disclosure of Improper Activities

This form may be used by AFT employees, members, or applicants for positions at the AFT to make a protected disclosure. The complaint must be filed with the AFT President (or, if the AFT President is the subject of the complaint, with the AFT Grievance Chair).

PLEASE PROVIDE ALL REQUESTED INFORMATION. INCOMPLETE FORMS WILL NOT BE REVIEWED.

Name: _____________________________________________________________

Address: ___________________________________________________________

Email Address: ___________________________________________ Phone No: _________________________________

Describe fully the alleged improper activity. Specify what actions were taken that constituted an improper activity, by whom the actions were taken, and the dates of such actions. (Use additional sheets of paper if necessary). Identify all potential witnesses to the alleged improper activity as described in the Whistleblower Policy.

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Please attach any documentation in support of your complaint. List all supporting documentation that is attached. If documents supporting your complaint are not in your possession, describe the documents. I hereby swear under penalty of perjury that the contents of this written complaint are true, or are believed to be true.

Date: ___________________ Signature: ________________________________
This form may be used by AFT employees, members, or applicants for positions at the AFT to make a protected disclosure. The complaint must be filed with the AFT President (or, if the AFT President is the subject of the complaint, with the AFT Grievance Chair).

PLEASE PROVIDE ALL REQUESTED INFORMATION. INCOMPLETE FORMS WILL NOT BE REVIEWED.

Name: ________________________________
Address: ________________________________
Email Address: ___________________________ Phone No: ___________________________

Describe to whom the original improper activity was reported, date reported, and whether the report was oral or in writing (if written, attach a copy of the report). Describe the specific actions taken, by whom, and the dates of the said actions that constitute the alleged actual or attempted retaliation. (Use additional sheets of paper if necessary).

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List all persons involved in the alleged actual or attempted retaliation and describe the actions that constituted retaliation. (Use additional sheets of paper if necessary).

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please attach any documentation in support of your complaint. List all supporting documentation that is attached. I hereby swear under penalty of perjury that the contents of this written complaint are true, or are believed to be true.

Date: __________________________ Signature: ________________________________________