

FLORIDA CROWN WORKFORCE BOARD, INC. POLICY

POLICY TITLE: Procedure for Reporting Inappropriate Actions

POLICY NUMBER: ADM-010-06 DATE EFFECTIVE: January 4, 2006

DATE REVIEWED: July 20, 2010

APPLICATION

Florida Crown Workforce Board, Inc. (FCWB) Employees and Board of Directors, AWI Employees, and Service Provider Employees.

PURPOSE

This policy outlines the process in which personnel shall respond and report instances they deem as inappropriate actions and provides guidance for staff members.

POLICY

It is the policy of FCWB that in **all** instances where an employee suspects another employee of an inappropriate action or activity, that employee shall immediately report that action or activity to their supervisor for a determination of merit. If the supervisor deems the report to have merit, it shall be reported to FCWB as follows:

1. Any action that is computer and/or network related shall be reported to the MIS Director; and
2. All other actions shall be reported to either the MIS Director or the Executive Director.

Any action reported to either the MIS Director or Executive Director will be provided in typewritten form bearing the signatures of the reporting employee and supervisor.

At no time is it permissible for staff to approach a member of the Board of Directors (this does not mean Board staff) with internal issues or concerns of FCWB.

Gossip and discussion with other employees regarding any such action or activity is strictly forbidden. Any employee who participates in such gossip or discussion or does not follow the proper channels as set forth above or in any way interferes with a FCWB investigation will be terminated. Attached to this policy is an acknowledgment of these procedures and the consequences for breach of same.

ACTION:

FCWB Employees and Board of Directors, AWI Employees, and Service Provider Employees when suspecting inappropriate actions or activities will adhere to this policy.

Approved: *John Chastain*
John Chastain, Executive Director

EMPLOYEE ACKNOWLEDGMENT

I hereby acknowledge that I have read, understand and will abide by ADM-010-06, Procedure for Reporting Inappropriate Actions Policy, of Florida Crown Workforce Board, Inc. Further, I understand and acknowledge by my signature below that the consequences for my failure to adhere to the terms and guidelines set forth in the Policy could result in termination of my employment.

Note: *Policies and Procedures are subject to change at any time without prior notification.*

Signature: _____

Print Name: _____

Agency/Organization: _____

Supervisor: _____

Date: _____