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|  EMPLOYEE PROTECTION (WHISTLEBLOWER) POLICY | NO.  |
| It is the policy of Winning Wheels to comply with (740 ILCS 175/) Whistleblower Reward and Protection Act.If an employee reasonably believes that some policy, practice, or activity of Winning Wheels is in violation of law, a written complaint must be filed by that employee with the Administrator or the Board President.It is the intent of Winning Wheels to adhere to laws and regulations that apply to theorganization and the underlying purpose of this policy is to support the organization’s goal of legal compliance. The support of employees is necessary to achieving compliance with various laws and regulations. An employee is protected from retaliation if the employee brings the alleged unlawful activity, policy, or practice to the attention of Winning Wheels and provides the Winning Wheels with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is available to employees that comply with this requirement.Winning Wheels will not retaliate against an employee who in good faith, has made a protest or raised a complaint against some practice of Winning Wheels, or of another individual or entity with whom Winning Wheels has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.Winning Wheels will not retaliate against employees who disclose or threaten to disclose to asupervisor or a public body, activities, policies, or practices of Winning Wheels that the employee reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate or public policy concerning the health, safety, welfare, or protection of the environment.My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with an opportunity to ask questions about the policy.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Employee Signature Date |
| Approved: | Effective Date: | Revision Date:3/17 | Change No.: | Page: 1 of 1  |