

WHISTLEBLOWING POLICY

POLICY DOCUMENT INFORMATION				
Policy Document Category:	University-wide			
Policy Document Owner:	Office of Risk Management and Compliance			
Scope:	Applies to: Any employee, contract staff, student, vendor, contractor or member of the general public who notices or is aware of any wrongdoings			
Effective Date:	18 May 2022			
POLICY DOCUMENT HISTORY				
Version No.	Approved by (Name, Designation)	Approval Date	Effective Date	Policy Document Change
V1	[●]	2 Sep 2019	2 Sep 2019	Updated
V2	Prof Tan Eng Chye President	18 May 2022	18 May 2022	Change in Policy Owner

No part of this document may be reproduced or transmitted in any form by any means for any purpose without the prior written approval of the National University of Singapore.

1 RATIONALE & OBJECTIVES

1.1 Rationale:

As a public institution of higher learning, NUS has the responsibility of ensuring that the University upholds a high standard of integrity to maintain the trust and confidence of the public and our stakeholders. Thus, the University is committed to stewarding our resources responsibly by maintaining an ethical culture, one of integrity and compliance with laws, regulations and standards.

1.2 Objectives:

In line with the above commitment, this Whistleblowing Policy ("Policy Document") is intended to provide a channel for the reporting of actual or suspected wrongdoings committed by any current NUS employee, contract staff, student, vendor, or contractor for investigation and corrective action as well as assurance that the Whistleblower will be protected from reprisals for whistleblowing in good faith.

The objectives of this Policy Document are to:

- a. help develop a culture of openness, accountability and integrity;
- b. provide avenues for the reporting of concerns confidentially and define a way to handle these concerns;
- c. enable Management and the Board to be informed at an early stage about acts of misconduct;
- d. reassure the Whistleblower that he/she will be protected from punishment or unfair treatment for disclosing concerns in good faith in accordance with this procedure; and
- e. assure that allegations against NUS staff are expeditiously and thoroughly investigated to preserve the reputation of staff that may have been inappropriately alleged of wrongdoings.

2 SCOPE

- 2.1 Any NUS employee, contract staff, student, vendor, contractor or member of the general public who notices or is aware of any wrongdoings can lodge a report.
- 2.2 Any current NUS employee, contract staff, student, vendor, or contractor can be a respondent of a complaint lodged by any party listed in 2.1.

A. POLICY STATEMENTS

3 TYPES OF WRONGDOINGS

3.1 Wrongdoings can be described as, but are not limited to the following:

- a. Illegal activities, unethical and improper practices relating to financial and accounting matters and standards, which may include:
 - (i) Falsification, forgery or fraudulent alteration of documents (cheques, bank drafts, contractual agreements, purchase orders, invoices, etc.) or data such as financial, operational and computer data and submission of fictitious documents;
 - (ii) Misappropriations/improprieties in the handling of funds, securities investments in bonds, stock & shares and deposits, etc), supplies, or any other assets;
 - (iii) Questionable accounting practices;
 - (iv) Corruption and bribery; and
 - (v) Theft and other dishonest acts.
- b. Non-compliance with laws and regulations
- c. Breach of University's Statutes, policies and codes of conduct such as:
 - (i) Abuse of University's resources (e.g. equipment, manpower, material, etc) and/or authority for personal benefits.
 - (ii) Disclosure of confidential information to outside parties.
 - (iii) Profiteering as a result of insider information.
 - (iv) Breach of safety or health standards.
 - (v) Intimidation or harassment of others during the course of work.
 - (vi) Conflict of interest without disclosure.
 - (vii) Academic dishonesty.
- d. Acts of retaliation, namely actions causing harm, intimidation or harassment, as well as discrimination or unfair treatment in relation to employment or career against staff who have made an allegation or assisted in the investigation of an allegation

3.2 This Policy Document does not cover staff grievances or complaints such as those relating to University's policies and procedures involving job performance, employment terms and conditions, speed of claims processing, facilities maintenance standard etc. Staff members should raise such matters through the usual reporting channels.

B. PROCEDURES

4 WHISTLEBLOWING REPORTING CHANNELS

4.1 Any NUS employee, contract staff, student, vendor, contractor or member of the general public who notices or is aware of any wrongdoings can lodge a report.

4.2 The channels for reporting are:

Reporting on	Report To	Channels
(a) Alleged wrongdoings by current NUS employee, contract staff, student, vendor, or contractor which do not fall under items 4.2(b) and 4.2(c)	Whistleblowing Unit	<p>Dedicated</p> <p>Email: whistleblow@nus.edu.sg</p> <p>Whistleblow Hotline: 65166209</p> <p>Postal address: <i>(Marked "Confidential" and sealed in an envelope)</i></p> <p>Whistleblowing Unit, Office of Risk Management and Compliance Lee Kong Chian Wing UHL #03-01 21 Lower Kent Ridge Road Singapore 119077</p>
	<p>Or</p> <p>Audit Committee Chairman</p>	<p>Or</p> <p>Dedicated</p> <p>Email: ACChair@nus.edu.sg</p> <p>Postal address: <i>(Marked "Confidential", Attention to Audit Committee Chairman and sealed in an envelope)</i></p> <p>Office of Internal Audit University Hall Tan Chin Tuan Wing UHT #03-01 21 Lower Kent Ridge Rd Singapore 119077</p>
(b) Alleged research misconduct covered by the NUS Code and Procedures on Research	Office of Deputy President (Research & Technology)	In person or in writing in a sealed envelope, signed and marked "Confidential" to:

Integrity (for Academic Staff and Research Staff) ("Research Integrity Code")		Office of Deputy President (Research & Technology) University Hall Lee Kong Chian Wing UHL #05-02 21 Lower Kent Ridge Rd Singapore 119077
(c) Alleged safety and health misconduct	Safety and Health, Office of Risk Management and Compliance	In person or in writing in a sealed envelope, signed and marked "Confidential" to: Safety and Health, Office of Risk Management and Compliance University Hall Lee Kong Chian Wing UHL #03-01 21 Lower Kent Ridge Road Singapore 119077

4.3 The Whistleblowing Unit is managed by the Office of Risk Management & Compliance ("ORMC") and the reporting channels to the Whistleblowing Unit are supported by Office of Human Resources as appropriate.

4.4 Where wrongdoings covered by the scope of this Policy Document are reported through channels other than those listed in paragraph 7, such reports shall be forwarded to the Whistleblowing Unit for recording and follow-up. The Office of Deputy President (Research & Technology) and Safety and Health, Office of Risk Management and Compliance will also inform the Whistleblowing Unit of reports received by them that fall within the scope of this Policy Document. This is to ensure that the University maintains a centralized repository of whistleblowing reports.

5 RESPONSIBILITIES OF WHISTLEBLOWER

5.1 The Whistleblower should ensure that all claims of wrongdoings are made in good faith. When making a report, he/she should provide as much details as possible in relation to:

- a. What is the alleged act?
- b. Who is involved in the act?
- c. When and where did it occur?
- d. What are the supporting documents and evidence?

5.2 The Whistleblower is encouraged to identify himself/herself and provide his/her contact details. In the case where the whistleblower is an NUS staff member and he/she wishes to remain anonymous, he/she may make a report with his/her supervisor or another staff member whom he/she trusts, who in turn reports it through the dedicated channels while keeping the whistleblower's identity anonymous where possible. Concerns raised anonymously are much less persuasive and may hinder investigation work as it is difficult to look into the matter or to protect the whistleblower's position. Accordingly, consideration will be given to these factors:

- a. Severity of issue raised.
- b. Credibility of the concern or information.
- c. Likelihood of confirming the concern or information from attributable sources.

- 5.3 After making a report, the Whistleblower should refrain from further investigation of the incident, confrontation of the accused or further discussion of the incident. If he or she has identified himself/herself, he or she will be contacted by the investigation team to provide additional information or clarification, where appropriate.

6 PROTECTION OF THE WHISTLEBLOWER, PERSONS INVOLVED IN THE INVESTIGATION AND PERSONS WHO ARE SUBJECTS OF INVESTIGATION

- 6.1 All reports received will be treated confidentially. To protect the confidentiality of the information provided and identities of the whistleblower and subject(s) of investigation, the number of staff members involved in the investigation will be kept to the minimum possible. Their identities will only be disclosed in the following circumstances:
- a. When the University is under legal obligation to do so; or
 - b. When providing information to the Police or other authorities for criminal investigations.

For other circumstances where their identities are required to be revealed, the whistleblowers will be informed prior to disclosure.

- 6.2 Besides protecting the confidentiality of the information provided by the whistleblower and his/her identity, the University:
- a. will not take action against the whistleblower if the allegations could not be confirmed after investigations. However, this is subject to the allegations being made in good faith. If the allegation is made frivolously, maliciously or for personal gain, disciplinary action may be taken against the whistleblower in accordance with the University's Staff Disciplinary Procedures and Sanctions Policy (SDP) in cases where the whistleblower is an NUS staff member. Blowing the whistle also does not lessen the guilt or liability of a whistleblower if he/she is involved in the wrongdoings.
 - b. will not tolerate retaliatory actions (as defined in paragraph 3.1(d)) by anyone against the whistleblower or any person who has provided information or assisted in the investigation of the reported incidents. Reporting of retaliatory acts is covered under the scope of this Policy Document.
- 6.3 In addition, the identity of the subject(s) of investigation will also be protected and where appropriate, they will be provided with all the facts of the allegations, the opportunity to respond to the allegations and have their defence fairly presented in the final report.

7 INVESTIGATION PROCESS AND REPORTING

- 7.1 The Whistleblowing Unit will review the reports received to determine if there is sufficient evidence to proceed, particularly in situations of anonymous reporting. If a prima facie case is made out, the Whistleblowing Unit will direct the case to the relevant office for investigation as follows:

S/N	Classification of cases	Relevant Office
1	Misconduct, illegal activities, unethical and improper practices relating to financial and accounting matters and standards.	Office of Risk Management and Compliance (For cases listed in SDP Section 3.1 (e))
2	Sexual Misconduct covered by the Policy on the Protection of Staff and Students against Sexual Misconduct and Procedures for the Management of Sexual Misconduct 2.0.	Office of Risk Management and Compliance (For all Sexual Misconduct cases involving Staff), or Campus Emergency and Security (For Student-Student Sexual Misconduct cases)
3	Misconduct covered by the NUS Code and Procedures on Research Integrity (for Academic Staff and Research Staff) ("Research Integrity Code")	Office of Deputy President (Research & Technology)
4	Safety and Health misconduct	Safety and Health, Office of Risk Management and Compliance
5	All other cases of misconduct which do not fall within the preceding classifications	In accordance with the University's Staff Disciplinary Procedures and Sanctions Policy and NUS Statutes and Regulations applicable for discipline with respect to students.

For reports involving Directors, Deans, Vice Presidents and above, fraud, misappropriation or corruption will be reported by the Whistleblowing Unit to the Audit Committee Chairman immediately.

- 7.2 For cases to be investigated by the Whistleblowing Unit, the Whistleblowing Unit will determine the composition of the investigation team, the timeframe and the scope of the investigation. The Whistleblowing Unit may in its discretion, engage the assistance of one or more experts/advisors (such as legal counsel, auditors, subject matter experts etc.) to assist in the investigation or analysis of the results. All staff members are expected to co-operate with investigations and to refrain from disclosing information to others not involved in the investigation.
- 7.3 The imposition of disciplinary sanctions, conveyance of such sanctions and appeals against sanctions will be dealt with in accordance with the Staff Disciplinary Procedures and Sanctions Policy. For cases involving students as respondents, the imposition of disciplinary sanctions, conveyance of such sanctions and appeals against sanctions will be dealt with in accordance with the NUS Statutes and Regulations applicable for discipline with respect to students.
- 7.4 The Whistleblowing Unit will submit a quarterly report on cases reported to the Audit Committee.

8 HOW WILL NUS RESPOND

- 8.1 All reports received will be treated confidentially.
- 8.2 Subject to paragraph 8.3 below, the Whistleblowing Unit, managed by ORMC, will handle reports of alleged wrongdoings.
- 8.3 Where:

- a. a member of staff from ORMC is:
 - (i) the Whistleblower;
 - (ii) the individual suspected of committing the alleged wrongdoings;
 - (iii) an individual possessing/providing information relating to the case;
 - (iv) related to any of the individuals listed in (i) to (iii) above; or
- b. there is a potential conflict of interest on the part of any individual in the ORMC;

the Whistleblowing Unit shall instead channel the case as follows:

	Individual(s) suspected of committing the alleged wrongdoings	Investigating Unit
	Individual(s) suspected of committing the alleged wrongdoings is Staff	OHR
	Individual(s) suspected of committing the alleged wrongdoings is Student	Campus Emergency and Security (CES)
	Individual(s) suspected of committing the alleged wrongdoings is both a Staff and Student	OHR (Staff) or CES (NUS student as defined in the NUS Statutes) as the context requires
	Individual(s) suspected of committing the alleged wrongdoings is neither a Staff nor Student (e.g., vendors, contractors)	Office of Internal Audit

8.4 After receiving the report, a preliminary assessment will be conducted based on the information provided. If there is a prima facie case, a thorough investigation will be carried out. There may be circumstances where there is insufficient evidence to proceed, particularly in situations of anonymous reporting.

C. GENERAL

9 REVIEW OF POLICY DOCUMENT

- 9.1 This Policy Document shall be reviewed by the Policy Document Owner in accordance with the requirements set out in the University Policy Framework, or more frequently if deemed necessary by the Policy Document Owner. Any recommendation for changes to this Policy Document (whether amendments, repeal or otherwise) must similarly be carried out in accordance with the requirements of the University Policy Framework.
- 9.2 The University shall be entitled to revise, amend or update this Policy Document and to issue additional Policy Documents from time to time. All such revisions, amendments, updates and additions shall be deemed to be a part of this Policy Document. Any revisions, amendments, updates or additions to this Policy Document issued by the University may be published or

notified through written notice, electronic mail, the University website, or such other form of communication as the University may deem appropriate.

10 QUERIES

All questions as to the interpretation of this Policy Document shall be referred to the Policy Document Owner.

11 INTERPRETATION

11.1 Headings

The headings of the provisions of this Policy Document are to facilitate reference only and do not form a part of this Policy Document and shall not in any way affect the construction or interpretation thereof.

11.2 Inconsistency with this Policy Document

In the event of any inconsistency between the requirements set out in this Policy Document and those set out in any other Policy Documents or other documents relating to the subject matter of this Policy Document, the requirements set out in this Policy Document shall prevail unless otherwise stated.

12 ADHERENCE TO POLICY DOCUMENT

Compliance with this Policy Document is mandatory and any failure to comply with this Policy Document (including any arrangements that are established under it) may, at the University's absolute discretion, be investigated and result in such corrective and/or disciplinary action(s) as the University deems fit.

13 EXCEPTIONS TO THIS POLICY DOCUMENT

Any exceptions to the requirements of this Policy Document requires prior written approval from:

- For University-wide Policy Documents - President (or such other appropriate senior management personnel as the President may from time to time designate)
- For Academic/Administrative/Innovation & Enterprise/Research & Technology categories - Cluster Head of the Policy Document Owner;

and such approval will only be granted in very exceptional circumstances.

APPENDIX 1
INTERPRETATION

In this Policy Document:

1. The word 'may' when used to bestow a duty or power indicates that the action or decision may be enacted or not, at discretion.
2. For the avoidance of doubt, the words 'must', 'shall' or 'will', if used to bestow a duty or power, indicate that the action or decision is mandatory and must be enacted.
3. A reference to the word 'including' in any form is not to be construed or interpreted as a word of limitation.

APPENDIX 2
RELATED DOCUMENTS

This Policy Document should be read in conjunction with the following Related Documents:

No.	Name of Document
1	NUS Code of Student Conduct
2	NUS Statute 6
3	NUS Regulations 10
4	NUS Regulation 10A
5	Policy on the Protection of Staff and Students against Sexual Misconduct
6	Procedures for the Management of Sexual Misconduct 2.0
7	Sanctions Framework for Sexual Misconduct Offences
8	Code of Conduct for NUS Staff
9	NUS Staff Disciplinary Procedures and Sanctions Policy