



Whistleblower Policy

General

CISLAC's Code of Ethics requires directors, officers, and employees to observe the highest ethical standards, practicing honesty and integrity in fulfilling their responsibilities and complying with all applicable laws.

Reporting Responsibility

It is the responsibility of all directors, officers and employees to report violations of the Code of Ethics. CISLAC maintains an open door policy and encourages employees to share all concerns with their supervisors and/or anyone else in management.

Investigation and Enforcement

It is the responsibility of the Executive Committee of the Board to investigate and resolve all reports of violations of the Code of Ethics. Violations regarding corporate accounting practices, internal controls, or auditing shall also be reported to the Finance & Audit Committee. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation. An individual may report a violation of the Code to the Executive Committee either directly or through the Executive Director.

NO RETALIATION

No individual who in good faith reports a violation of the Code shall suffer any adverse employment consequences as a result. This policy is intended to encourage and enable employees and others to raise serious concerns within CISLAC prior to seeking outside resolution.

ACTING IN GOOD FAITH

Anyone reporting a suspected violation of the Code must be acting in good faith and have reasonable grounds for believing that a violation of the Code has occurred. Unsubstantiated or malicious allegations will be viewed as a serious disciplinary offense.

CONFIDENTIALITY

Reports of violations will be kept confidential to the greatest extent possible, consistent with the need to conduct an adequate investigation.

RECEIPT ACKNOWLEDGMENT

I acknowledge that I have received a copy of CISLAC's Whistleblower policy, and I understand my responsibility to familiarize myself with and abide by its provisions.

Employee's Printed Name: _____

Employee's Signature: _____

Witness Signature: _____

Date: _____