

## WHISTLEBLOWER AND OTHER REPORTING OF MISCONDUCT

Policy Number: 136GS

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### Scope

This policy on Whistleblower and Other Reporting of Misconduct applies to faculty, staff, predoctoral researchers, summer scholars and applicants (“Covered Individuals”) of The Graduate School of the Stowers Institute for Medical Research (“the School”).

### Purpose

The SGC is committed to establishing a culture of compliance, including one that promotes the prevention, reporting and remediation of conduct that does not comply with applicable laws or SGC policies, including the Code of Conduct (Policy 100). In furtherance of that commitment, the SGC encourages the reporting by Covered Individuals of any violation or potential violation of applicable law or SGC policy, whether through traditional avenues of reporting or through the SGC’s telephone and online reporting system (“Hotline”), which is operated by SRM’s third-party hotline vendor.

The School is included in the SGC Organizations and has adopted the following policy as its own.

### Policy

Any Covered Individual who becomes aware of or suspects any type of misconduct, such as fraud, theft, misuse of funds, conflicts of interest or harassment, should immediately report the concern in accordance with this policy. Examples of misconduct include:

- **Scientific Misconduct**—Any fabrication, falsification, plagiarism or other intentional distortion in the performance of scientific research
- **Corruption and Fraud**—Theft of any kind, misuse of funds, violation of ethics, insider trading or scientific misconduct.
- **Employment Law Violations**—Illegal discrimination, harassment or non-compliance with applicable employment laws.
- **Environment, Health and Safety**—Acts that may lead to physical injury, property damage or that disregard established regulations and procedures.
- **Near-Miss Accidents**—Unplanned events that did not result in harm but had the potential to do so.
- **Violation of Ethical Standards Regarding Human Experiments**—acts that do not comply with the standards and regulations governing experimentation with human subjects
- **Misuse of Laboratory Animals**—Acts that do not comply with standards and regulations governing the use of laboratory animals.
- **Misuse of Assets**—Misuse of computers, cell phones or other SGC-issued supplies, equipment and property.

- **Misuse of Information**—Misuse or inappropriate disclosure of proprietary information, including but not limited to information protected by the Family Education Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA).
- **Other**—Retaliatory actions, unethical behavior, concerns about work hours, pay, benefits, supervisor/peer relations and any issue that may be detrimental to a Covered Individual's well-being.

### **Reporting Options**

In the event a Covered Individual wishes to report a concern pursuant to this policy, he or she should first consider reporting the concern to his or her supervisor, department head or the Executive Vice President of Administration, or in accordance with other reporting procedures contained in the applicable SGC policy. If the Covered Individual believes that those reporting channels have not been or would not be effective (such as the person assigned to receive reports being implicated in the concern,) or if the reporting Covered Individual wishes to remain anonymous, he or she should report the concern using the Hotline, which is available 24 hours a day/7 days a week and can be accessed by calling 1-844-472-2439 or by visiting <https://simrbvd.tnwreports.com>.

### **Confidentiality**

The identity of the Covered Individual reporting a concern will be kept confidential to the fullest extent possible, unless doing so does not comply with applicable law or prevents a full and effective investigation of the reported misconduct. Covered Individuals reporting a concern to the Hotline may choose to reveal their identity, remain anonymous or request that their identity not be disclosed.

### **Handling of Reports**

The Executive Vice President of Administration will be responsible for receiving, investigating and, if appropriate, taking remedial action with respect to any reported concern. A supervisor who receives a reported concern must immediately communicate the concern to the Executive Vice President of Administration, who will, as circumstances warrant, either immediately communicate the concern or include it in periodic reports to the SRM Executive Committee and the Office of the General Counsel.

### **Non-Retaliation**

Retaliation against any Covered Individual for reporting a concern or for participating in an investigation of a concern is strictly prohibited. Regardless of the merits of the reported concern, a Covered Individual who retaliates or threatens to retaliate against the reporting Covered Individual may be subject to disciplinary action, up to and including termination of employment or other association with the SGC. A Covered individual who believes he or she has been retaliated against should make a report in accordance with this policy or in accordance with other retaliation reporting procedures contained in the applicable SGC policy.

### **Good Faith Reporting**

Reporting of a concern by a Covered Individual must be done in good faith. “Good faith” for purposes of this policy means the Covered Individual has a genuine belief that misconduct has occurred in the past, is currently occurring or may occur in the future, regardless of whether a subsequent investigation finds no evidence of actual misconduct.

### **Whistleblower Protections in Connection with Scientific Misconduct/Fraud in Research Funded by Public Health Service (PHS) or National Science Foundation (NSF)**

If the reported concern pertains to research funded by, or a proposal for research funded by, the PHS (including the National Institutes of Health) or the NSF, SIMR will follow the requirements and guidelines of the PHS and NSF for purposes of reviewing, responding to and resolving retaliation complaints. Those requirements and guidelines include, but are not limited to, 42 CFR § 93.304(l) and the Guidelines for Institutions and Whistleblowers: Responding to Possible Retaliation Against Whistleblowers in Extramural Research issued by the PHS’s Office of Research Integrity. The Scientific Director of SIMR will serve as the responsible official and SIMR’s liaison to the ORI and OIG. If the involvement of the Scientific Director creates a real or apparent conflict of interest with SIMR’s obligation to protect good faith whistleblowers, the President and CEO of SIMR will appoint a substitute responsible official who has no conflict of interest. A Covered Individual who wishes to receive the procedural protections provided by the ORI must file his or her retaliation complaint with the Scientific Director within 180 days from the date he or she became aware or should have become aware of the alleged adverse action.

This policy is also supplemented by the enhanced whistleblower rights and remedies provided by 41 U.S.C. 4712 to Covered Individuals when working on PHS or NSF-funded projects. In general, that law provides that an employee working for a federal contractor, subcontractor, grantee, subgrantee or personal services contractor may not be discharged, demoted or otherwise discriminated against as a reprisal for disclosing information that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule or regulation related to a federal contract or grant. For the whistleblower activity to be protected under the aforementioned law, the alleged misconduct must be reported to one or more of the following: a member of Congress or a representative of a committee of Congress; an Inspector General; the Government Accountability Office; a federal employee responsible for contract or grant oversight or management at the relevant agency; an authorized official of the Department of Justice or other law enforcement agency; a court or grand jury; or a management official or other employee of the contractor, subcontractor, or grantee who has the responsibility to investigate, discover, or address misconduct.

In the event of any conflict between this policy and the foregoing requirements or guidelines, the latter will control.

This policy was approved by the GSSIMR Board of Directors on September 5, 2018.

This policy was last updated by the GSSIMR Board of Directors on November 09, 2020.

This policy will be reviewed by the GSSIMR Board of Directors in 2022.