

**Lighthouse of Broward County, Inc.**  
**Policies and Procedures**

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**TITLE OF POLICY:** Employee Protection (Whistleblower) Policy

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**PURPOSE:**

It is the intent of Lighthouse of Broward County, Inc. (hereinafter “the LHOB”) to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization’s goal of legal compliance.

**POLICY:**

If any LHOB employee reasonably believes that some policy, practice, or activity of the LHOB is in violation of law, a written complaint must be filed by that employee with the Executive Director or the President of the Board of Directors.

The support of all employees is necessary to achieving compliance with various laws and regulations. An employee is protected from retaliation only if the employee first brings the alleged unlawful activity, policy, or practice to the attention of the Executive Director or the President of the Board of Directors and provides the LHOB with a reasonable opportunity to investigate and correct the alleged unlawful activity.

The protection described below is only available to employees that comply with the above requirement:

The LHOB will not retaliate against an employee who in good faith, has made a protest or raised a complaint against some practice of the LHOB, or of another individual or entity with whom the LHOB 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.

The LHOB will not retaliate against employees who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of the LHOB 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.

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Print Name

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Employee Signature and Date