ENGINEERS & GEOSCIENTISTS
BRITISH COLUMBIA

POLICY	**Whistleblower Policy**
NUMBER OF POLICY	CO-26-101
DATE OF POLICY	November 1, 2026
APPROVED BY	Board

POLICY STATEMENT

Engineers and Geoscientists BC (the "Organization") is committed to maintaining a workplace where employees and Board members are empowered to raise concerns, in good faith, about potential wrongdoing without fear of retaliation.

PURPOSE

The purpose of this Whistleblower Policy (the "Policy") is to provide a safe, secure, anonymous, and confidential option for submitting a complaint of wrongdoing at the Organization, through an external channel, when existing internal channels for submitting complaints of wrongdoing are perceived as unsafe, inappropriate or may have proven ineffective.

APPLICATION & SCOPE

The Policy is applicable to the Organization's current:

- Employees including full-time, part-time, permanent, and contract employees
- Board members

This Policy is not applicable to:

- Temporary agency workers
- Independent contractors
- Volunteers and registrants who are not Board Members
- Members of the public

This Policy is not intended to:

- Replace existing policies and procedures related to submitting complaints

- Be used to challenge governance, strategic or operational decisions made by the Organization or the Board that do not meet the definition of wrongdoing as defined in the Policy.

DEFINITIONS

The following definitions support the content of the Policy.

Wrongdoing
For the purposes of this Policy and usage of the external reporting channel, *wrongdoing* is defined as:

- A serious act or failure to act that, if proven, is a crime. This may include but is not limited to acts of fraud, theft, corruption, and bribery.
- An act or failure to act that creates
    - a substantial and specific danger to life, the health and/or safety of people, or
    - damage or threat to property or the environment,
- An act or failure to act, that results in risk of significant loss to the organization. This may include but is not limited to loss of public trust, significant reputational damage, or significant financial loss including serious misuse of funds.
- Widespread and/or unresolved governance or operational failures or systemic mismanagement
- Gross misconduct including significant breaches of established standards of conduct
- Persistent and damaging behaviour with widespread impact
- Directing or counselling a person to commit any of the above

Designated Officer / Alternate Officer
For the purpose of this Policy, a Designated Officer is the person(s) appointed to receive complaints of wrongdoing submitted through the external reporting channel to the Organization. When the Designated Officer is, or may reasonably be perceived to be, in a conflict of interest or is otherwise unavailable, the Alternate Officer(s) will receive the complaints on behalf of the Organization.

Complainant
The individual who has made a complaint of wrongdoing through the designated external reporting channel established under this Policy.

Respondent
The individual who the Complainant alleges to have committed the wrongdoing.

Witness
An individual who may have evidence with respect to the complaint made under this Policy or who may have evidence with respect to what is being alleged by the Complainant, by the Respondent, or by another Witness.

Anonymous
An individual's identity is completely unknown and unrecorded. It cannot be linked back to the specific individual who made the complaint.

Confidential / Confidentiality
The act of keeping Confidential Information protected from unauthorized access, use, or disclosure.

Confidential Information
Information that is handled under this Policy that is not generally known by the public or is not generally available to the public. Confidential Information can include the name of the Complainant, the name of the Respondent, the name of a Witness, and the facts or substance of a complaint made under this Policy.

Good Faith
Submitting a complaint of wrongdoing honestly and with reasonable belief that the information reported is true and that a concern or potential wrongdoing exists.

Non-compliance
Acting in a way that is not in alignment with the Organization's policies, procedures, or the law.

Retaliation
Any adverse action or threat taken against an individual for reporting a concern or participating in an investigation in good faith.

REPORTING WRONGDOING

Internal vs external reporting channels
While this Policy focuses on providing access to an external reporting channel for reporting wrongdoing as defined in this Policy, existing internal channels remain effective pathways for voicing concerns in many circumstances.

Using Internal Reporting Channels
Employees and Board Members are reminded of and encouraged to raise important concerns of limited scale and scope through the Organization's established internal reporting channels, when appropriate. Examples of when to report concerns through internal channels include, but are not limited to, general concerns about your leader, interpersonal conflict with a colleague, isolated concerns of possible bullying or harassment, and policy breaches limited in scale and scope.

Internal reporting channels for employees include reporting concerns directly to your leader or to a member of the Human Resources team and for Board members reporting concerns to the Board Chair or Vice Chair. These internal channels often allow concerns to be addressed promptly, efficiently, and facilitate direct communication. The Organization's *Code of Conduct for Board Members*, the *Employee Code of Conduct,* the *Respectful Workplace Policy*, and the *Workplace Violence Prevention Policy* include detailed internal reporting pathways for non-compliance.

For employees, the *Respectful Workplace Policy* provides a detailed *Resolution Framework* that considers both formal and informal resolution processes. Informal resolution processes are grounded in personal accountability and direct conversations whereas more formal resolution processes may include mediated discussions or investigations. Employees are encouraged to review the *Respectful Workplace Policy* including the *Resolution Framework* when faced with conflicts in the workplace that require resolution.

Employees and Board Members are also encouraged to review any policies related to their specific concerns of wrongdoing prior to submitting a complaint to ensure the Organization's guidance related to the concern is understood and pathways for reporting are known. The Organization's employee policies are available in MyPolicies and on the Intranet's Employee Policies page. Board policies are available in Aprio.

Using the External Reporting Channel

The Organization recognizes that there may be circumstances where wrongdoing, as defined in this Policy, has occurred, or where internal reporting channels may be perceived as unsafe, inappropriate, or did not address a serious concern in alignment with the Organization's policies. For those circumstances, this Policy provides alternate access to a confidential and anonymous external reporting channel.

Examples of when submitting a complaint of wrongdoing through the external reporting channel would be appropriate include, but are not limited to:

- The complaint meets the definition of wrongdoing, as defined in this Policy.
- There is a reasonable belief that reporting through an internal channel will result in retaliation and the retaliation can be effectively avoided or addressed through an anonymous complaint.
- A serious or widespread concern already raised through appropriate internal channels was not addressed in alignment with Organizational policies.
- When conflicts of interest exist because individuals involved in or connected to the alleged wrongdoing are unable to be excluded from available internal reporting processes.

External Channel: *ConfidenceLine*

The Organization has contracted with the whistleblower hotline services of *Xpera HR Services* to provide an external reporting channel. Their reporting service is called *ConfidenceLine*.

ConfidenceLine offers Complainants (the individual submitting a complaint) a confidential and anonymous reporting channel via phone or web. The Complainant is not required to provide their name or any personally identifiable information when they submit their complaint. Instead, a unique identifier is assigned to each complaint submission, allowing the Complainant to follow up on the status of their complaint and communicate through this confidential and anonymous channel.

External Reporting Process

To submit a complaint through *ConfidenceLine*, the following options are available:

1-800 Call Centre Service

The *ConfidenceLine* call centre provides intake coverage 24 hours a day, 7 days a week, 365 days a year. Calls are recorded for accuracy purposes, but the recording is stored and accessed by *ConfidenceLine* only.

Call centre complaints are assigned a file number that is provided to the Complainant so that subsequent calls can be made to *ConfidenceLine* for status updates and/or to continue communication anonymously.

E-Web Reporting (Online Electronic Reporting)

ConfidenceLine also offers a secure online reporting process that allows Complainants to anonymously submit complaints. Complainants are assigned a username and create a password that permits them to log on, check status and further communicate anonymously on the file.

To ensure data integrity, *ConfidenceLine* will not edit, remove, redact information that has been provided and confirmed by the Complainant in their complaint. Therefore, Complainants are advised to avoid including self-identifiers when reporting should they wish to remain anonymous.

Intake Process

Once a complaint is submitted to *ConfidenceLine*, the Complainant can expect the following intake process:

- **Step 1:** *ConfidenceLine* will review all information and consider any potential conflicts of interest prior to releasing the complaint to the Designated Officer or Alternate Officer.

- **Step 2:** *ConfidenceLine* releases the complaint through an encrypted web application to the Designated or Alternate Officer.

- **Step 3:** The Designated or Alternate Officer reviews the report, completes their assessment, and determines appropriate next steps.

ConfidenceLine contact information:

- By phone: 1-800-661-9675
- By E-web: egbc.confidenceline.com

The 1-800 call centre number and link to the E-Web reporting is also found on posters posted onsite at the Organization's offices and on the Human Resources Intranet under Employee Resources.

RESPONSIBILITIES

Employees and Board Members

Under this Policy, employees and Board Members are responsible for:

- Acting honestly, ethically, and in compliance with applicable laws, regulations, and Organizational policies, including this Policy.
- Promptly reporting, in good faith, any actual or suspected wrongdoings that fall within the scope of the Policy.
- Refraining from retaliation against any individual who makes a complaint of wrongdoing or participates in an investigation
- Not knowingly making false, malicious or misleading complaints of wrongdoing
- Using this Policy for its intended purposes

Designated and Alternate Officers

Under this Policy and in addition to their responsibilities confirmed above as employees or Board members, Designated Officers and Alternate Officers are also responsible for:

- Receiving, assessing, and determining the resolution process for complaints submitted through the external reporting channel in alignment with the Policy
- Ensuring complaints of wrongdoing are handled promptly, fairly, impartially, and confidentially in alignment with the Policy.
- Maintaining records of complaints of wrongdoing and any further documentation in alignment with this Policy

CONFIDENTIALITY AND ANONYMITY

While the external reporting channel provides an anonymous reporting option, if a complaint warrants an investigation, Complainants should be mindful of the limitations to confidentiality in investigations should the Complainant decide to identify themselves during the complaint process.

While not all complaints will warrant an investigation, during investigations, complete confidentiality cannot always be maintained or guaranteed. Procedural fairness in an investigation requires that a Respondent has the opportunity to know the allegations made against them and the opportunity to respond to those allegations. With that in mind, procedural fairness may require that the Respondent be told the name of the Complainant to be able to respond.

While the Complainant retains the ability to maintain anonymity through the external channel, maintaining anonymity during the complaint process may limit the extent to which an investigation can successfully occur.

RECEIVING & ASSESSING COMPLAINTS

Designated Officers and Alternate Officers

The Organization has appointed the Chief Financial Administration Officer (the CFAO") and the Director, Human Resources and Facilities (the "DHRF") as the Designated Officers to receive complaints from the external reporting channel. The Organization has appointed the Chief Executive Officer ("CEO"), the Chair of the Governance Subcommittee, and the Board Chair as Alternate Officers.

To ensure any conflict of interest is avoided, the role of Board Vice Chair has specifically been excluded as an Alternate Officer due to the close working relationship with the Board Chair. If the Chair of the Governance Subcommittee is also the Board Vice Chair, the Chair of the Finance Audit Risk Subcommittee will be an Alternate Officer instead of the Chair of the Governance Subcommittee.

Complaints will be directed to a specific Alternate Officer by the external reporting channel when required to avoid any conflict of interest based on the details of the complaint. For clarity, the following scenarios are when Alternate Officers will receive and assess complaints rather than Designated Officers:

- If individuals within the Designated Officer's department(s), or they themselves, are reported as involved in the wrongdoing complained of under this Policy, the complaint will be received and assessed by the CEO, as the Alternate Officer.
- If a Board Member who is not the Board Chair, the CEO, and/or a member of the Executive Team are reported as involved in wrongdoing complained of under this Policy, the complaint will be received and assessed by the Board Chair as an Alternate Officer.
- If a Board Chair is reported as involved in wrongdoing complained of under this Policy, the complaint will be received and assessed by the Chair of the Governance Subcommittee as an Alternate Officer.
- If a Board Chair is reported as involved in wrongdoing complained of under this Policy and the role of Board Vice Chair and Chair of the Governance Subcommittee are held by the same individual, the complaint will be received and assessed by the Chair of the Finance Audit Risk Subcommittee as an Alternate Officer.

Reporting pathways to Alternate Officers are created to ensure conflicts of interest are avoided, and all complaints are handled with the utmost care.

Unless a conflict of interest exists, complaints will be provided to both Designated Officers by the external reporting channel simultaneously through the external providers automated system. The DHRF will have primary responsibility for completing the complaint assessment, if available. If the DHRF is unavailable, the CFAO will be responsible for completing the assessment. Designated Officers will ensure each other is informed of their respective availability to avoid delays in completing an assessment. Designated Officers may confer with each other regarding an assessment, as appropriate.

The CEO will provide a high-level summary of complaints received from the external reporting channel to the Human Resources Oversight subcommittee at each of their regular meetings to confirm the general topic and status of complaints received.

If the CEO determines any complaints are of significant risk to the organization and warrant more urgent awareness by the Board, the CEO will first inform the Board Chair of the complaint and then inform the Human Resources Oversight Subcommittee Chair and the Finance Audit Risk Subcommittee Chair to collectively make a determination if and when the Board should be further notified.

Initial Assessment Process

Upon receipt of a complaint from *ConfidenceLine*, the Designated Officer (or Alternate Officer, as required) will conduct an initial assessment to determine the appropriate next steps. While complaints requiring a more urgent response may be assessed sooner, all assessments will be completed within 10 business days of receipt of the complaint. The initial assessment is outlined below.

Complaint acknowledgement – the Designated Officer will:

- Acknowledge receipt through the *ConfidenceLine* portal upon receiving a complaint
- Review all relevant information and supporting documentation in preparation to complete the assessment

Scope assessment - the Designated Officer determines:

- If the complaint falls within the scope of this Policy
- The area of suspected wrongdoing the allegation relates to
- If there is another internal policy, process or department better suited to address the complaint of wrongdoing

Complaint review - the Designated Officer assesses:

- If sufficient information has been provided to understand the allegation
- Whether additional information is required from the Complainant or other sources.
- Whether the wrongdoing reported has been previously reported on or investigated

Risk assessment - the Designated Officer evaluates:

- The level and responsibilities of the person(s) named in the complaint in relation to possible organizational risk (i.e., leaders may have a higher duty of care required in their role than others).
- The severity and potential impact of alleged wrongdoing including any potential legal, regulatory, financial, operational, reputation or internal or external safety risks that may exist
- Any actual or perceived conflicts of interest among people who may be involved in handling the complaint
- The level of urgency in responding to the complaint and if emergency escalation is required.

Decision on next steps - the Designated Officer may (not an exhaustive list):

- Determine if the complaint is clearly outside the scope of this Policy and should be closed
- Determine if the complaint should be referred to another internal function (i.e. internal complaint process, Human Resources, Ethics and Compliance, mediated discussion, etc.)
- Initiate a formal investigation, as appropriate
- Inform or escalate the complaint to a senior member of the Organization (i.e. the CEO, the Board), as appropriate

- Make a referral to external authorities (i.e. law enforcement), as appropriate

The Designated Officer will document the initial assessment process and their selected course of action. Records will be maintained in alignment with this Policy.

INVESTIGATIONS

When the Designated Officer (or Alternate Officer, as applicable) determines an investigation is required, the following will apply.

CEO Awareness
The Designated Officer informs the CEO that an investigation will take place, unless the CEO is in a conflict of interest.

Assigning an Investigator
If an investigation is deemed necessary following the Designated Officer's initial assessment of the complaint, the Designated Officer will assign the complaint to an appropriately qualified and impartial investigator. This investigator may be an internal resource of the Organization or an external party, depending on the nature of the complaint, its complexity, or any potential conflict of interest associated with it.

Investigation Process

The investigation into the complaint will take place as soon as reasonably practicable and in a manner that respects the privacy of all involved to the extent reasonably possible while ensuring a fair process.

Written Complaint
The investigator may request that the Complainant provide additional details in writing. This may include additional dates, times, people involved, names or details of Witnesses, the specific conduct of concern, any additional supporting documents or other evidence that was not included in the original complaint received.

Procedural Fairness
The investigation will be fair and impartial, with both the Complainant and the Respondent receiving equal treatment in the evaluation of the matter. The Respondent will be informed of the substance of the allegations against them and will have the opportunity to respond. Disclosure of the identity of the Complainant to the Respondent will generally be necessary in order to conduct a fair investigation.

Fact-Finding
The investigator will make findings of fact on the basis of the relevant evidence available, which may include separate interviews with the parties and Witnesses, and the collection and review of relevant documents and other evidence, such as electronic communications, written records, and any physical evidence.

Documentation
The investigator will maintain a written record of the investigation, including the details of the complaint, the interviews conducted, and any documents or other evidence reviewed.

Investigation Report
The investigator will prepare a written report of the investigation setting out the findings of fact with respect to the allegations of wrongdoing made in the complaint. The report will be provided to the Designated Officer or Alternate Officer, as applicable, who will maintain the confidentiality of the complaint and disclose it, or information from it, only as reasonably necessary to determine the outcome and implement appropriate next steps. The final report will also be shared with the Chief Executive Officer, unless a conflict of interest exists.

Conclusion and Notification
When the investigation is complete, the Complainant raising the complaint and the Respondent who is the subject of the complaint will be informed of whether the allegations of wrongdoing have been substantiated by the investigator.

Witnesses generally will not be made aware of these outcomes for confidentiality reasons, except in rare circumstances, as recommended by the investigator and as determined by the Designated Officer or Alternate Officer, as applicable. Where appropriate and where no conflict of interest exists, the relevant Leader(s) of the Complainant and Respondent will be informed of these outcomes.

PROTECTION FROM REPRISAL

The Organization will not tolerate any form of retaliation against those who exercise their rights under this Policy in good faith. This includes anyone who submits a complaint of wrongdoing, participates in the process outlined in this Policy, or supports individuals engaging in this Policy.

Individuals found to have engaged in retaliation prohibited by this section will be subject to corrective action or discipline, up to and including termination of employment or contract with the Organization.

FALSE OR MALICIOUS REPORTING

The Organization takes its commitment to a respectful workplace seriously. It is not acceptable to engage this Policy falsely, frivolously, or maliciously. Individuals who, in bad faith or for an improper purpose, submit a complaint of wrongdoing under this Policy will be subject to corrective action or discipline, up to and including termination of employment or termination of contract with the Organization. For clarity, a complaint that is made in good faith but is not ultimately substantiated is not considered a bad faith complaint.

RECORDKEEPING & ANALYTICS

The Organization will maintain accurate records of all complaints of wrongdoing received through the external channel in alignment with the *Human Resources Document Retention Policy*. This includes any documented records of investigations The Organization will track metrics related to the usage of the external channel including volume and types of complaints submitted as well as length of time to complete any required investigations.

RELATED POLICIES

The Organization's employee policies are available on the MyPolicies SharePoint page and on the Intranet's Employee Policies page. Policies that may offer specific relevance to this Policy include:

- Respectful Workplace Policy
- Employee Code of Conduct
- Workplace Violence Prevention Policy
- Acceptable Technology and Information Use Policy
- Board Member Code of Conduct

POLICY REVIEW

The Policy will be reviewed annually by the Human Resources Oversight Sub-committee with support from Human Resources senior staff. Revisions to the Policy require Board approval.

Last Revision Date	Approved By