Museum of New Mexico Foundation
Employee Protection Whistleblower Policy

If any employee reasonably believes that some policy, practice, or activity of the MNMF is in violation of law or is in conflict with ethical behavior, a written complaint must be filed by that employee with the President/CEO or the Board Chairman.

It is the intent of the MNMF 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. 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 brings the alleged unlawful activity, policy, or practice to the attention of the MNMF and provides the MNMF with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees that comply with this requirement.

The MNMF will not retaliate against an employee who in good faith, has made a protest or raised a complaint against some practice of the MNMF, or of another individual or entity with whom the MNMF has a business relationship, on the basis of a reasonable belief that the practice is in violation of law or is in conflict with ethical behavior or a clear mandate of public policy.

The MNMF 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 MNMF 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 of public policy concerning the health, safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of the policy. I also verify that I have been provided with an opportunity to ask questions about the policy.

______________________________  ____________________________
Signature                                      Date

______________________________
Printed Name