



Whistleblower Policy

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1. PURPOSE

This Whistleblower Policy establishes a framework for employees, contractors, vendors, and other stakeholders to report concerns related to fraud, corruption, unethical behaviour, or financial mismanagement. It ensures such concerns are addressed promptly, fairly, and confidentially while protecting whistleblowers from retaliation

2. SCOPE

This policy applies to all employees (permanent, temporary, and contractual), vendors, consultants, and other stakeholders associated with the company. It covers concerns related to:

- Financial fraud or mismanagement.
- Corruption or bribery.
- Violations of company policies or Code of Conduct.
- Harassment, discrimination, or workplace misconduct.
- Legal or regulatory violations.

3. DEFINITIONS

NA

4. RESPONSIBILITIES

NA

5. CLAUSES COVERED UNDER THE POLICY

- Confidentiality: All complaints and investigations will remain confidential to the extent legally permissible.
- Non-Retaliation: Whistleblowers will be protected from any form of retaliation.
- Impartiality: Investigations will be conducted by unbiased personnel or teams.
- Timeliness: Allegations will be addressed promptly, and investigations will conclude within a reasonable timeframe.
- Compliance: The process will comply with applicable laws, regulations, and internal policies.

5.1 Reporting Allegations

- Concerns can be reported through:
 - Email: whistleblower@wisseninfotech.com
 - Direct Contact: Supervisor or HR Head
- Reporting of a concern should include specific details, such as the nature of the allegation, individuals involved, and any supporting evidence.

5.2 Acknowledgment of Complaints

- Complaints will be acknowledged within 48 hours of receipt.
- Complaints will be logged in the Whistleblower Management System and assigned a unique case number.
- The Investigation team is required to send the complaint copy to respondent within seven days of receiving the complaint, and within 10 days respondent is required to respond to the complaint.
- The inquiry is completed within 90 days of the filing of the complaint, and within ten days of the inquiry completion, the investigation team will send its recommendations to the Employer and Employer will implement the recommendations of investigation within 60 days.

5.3 Initial Assessment

- Responsibility: Designated authority will conduct an initial review to assess:
 - Credibility and materiality of the complaint.
 - Whether the issue falls within the scope of this policy.
 - Immediate risks to the organization (e.g., financial, operational, or reputational).
- Whistleblowers may be contacted for clarification, if necessary.

5.4 Formation of the Investigation Team

- The team will comprise:
 - Lead investigator (internal or external).
 - Legal counsel (internal or external).
 - Subject matter experts, as needed.
- Team members must declare any conflicts of interest. (eg:- personal relationship, professional relationship, financial gain, misuse of confidential information etc)

5.5 Investigation Plan

- A formal investigation plan will outline:
 - Objectives and scope.
 - Timeline and resources required.
 - Actions to secure evidence and prevent tampering.

5.6 Evidence Collection

- Documentation Review: Emails, financial records, contracts, and other relevant documents.
- Interviews:
 - Whistleblower interviewed first.
 - Relevant witnesses and subjects interviewed subsequently.
 - Interview records securely maintained.
- Digital Forensics: IT systems and communications analysed as required.

5.7 Confidentiality and Whistleblower Protection

- Information shared on a strict need-to-know basis.
- Retaliation against whistleblowers will result in disciplinary action.
- Anonymity preserved for whistleblowers choosing to remain unidentified, subject to legal requirements.

5.8 Reporting Findings

- Preliminary Report: Interim findings reviewed by legal counsel.
- Final Report:
 - Summary of allegations.
 - Methodology and findings.
 - Recommendations for action.
- Reports presented to senior management, the Board of Directors, or relevant authorities as appropriate.

5.9 Corrective Action

- Based on findings, the organization will:
 - Take disciplinary action against individuals involved in misconduct.
 - Implement control measures to prevent recurrence.
 - Update policies and procedures, if required.

5.10 Communication of Outcome

- Whistleblower will be informed of the investigation outcome, where appropriate, without compromising confidentiality or ongoing legal actions.

5.11 Recordkeeping

- Investigation-related records (e.g., reports, evidence, communication) will be securely retained in compliance with applicable laws and company policy.

5.12 False or Malicious Reporting

- Good Faith Protection: Whistleblowers reporting in good faith will not face disciplinary action, even if allegations are unsubstantiated.

- No Tolerance for Malicious Reporting: Individuals knowingly making false allegations or acting maliciously will face disciplinary action, up to and including termination of employment or contract.

5.13 Whistleblower Rights

- Anonymity: Reports may be made anonymously. Anonymity will be respected unless legally required to disclose.
- Confidentiality: Information about the whistleblower and their report will be shared only on a need-to-know basis.
- Non-Retaliation: No termination, demotion, harassment, or retaliation for good faith reporting.
- Access to Support: Counseling, legal assistance, or other resources will be made available as needed.
- Fair Treatment: Steps will be taken to ensure whistleblowers are not subjected to unfair treatment during or after the investigation process

5.14 Protection Against Retaliation

- Encouragement of Reporting: All stakeholders are encouraged to report concerns without fear of retaliation.
- Zero Tolerance: Retaliation includes termination, demotion, salary reduction, harassment, bullying, or intimidation.
- Reporting Retaliation: Retaliation complaints can be reported through the same channels as whistleblower complaints

5.15 Retention of Investigation Documents

- Retention Periods:
 - Whistleblowing Reports: Minimum 7 years from closure.
 - Investigation Records: Minimum 7 years from closure.
 - Final Reports: Minimum 10 years, or longer if legally required.
- Storage and Access:
 - Physical records securely stored in access-controlled cabinets.
 - Electronic records are encrypted and access restricted.
 - Audit trails maintained for record changes.
- Destruction:
 - Physical records shredded or incinerated.
 - Electronic records permanently deleted and overwritten

5.16 Periodic Review of the Policy

- Frequency: Reviewed at least annually or as needed based on legal, regulatory, or organizational changes.
- Responsible Parties: Compliance, Legal, and HR teams will oversee the review process.
- Approval: Updates reviewed by senior management and approved by a Board Member.