



Volunteer

Ethics Toolkit for Associations

ASAE Ethics Committee

Revised March 2025

Exceptional Experiences.

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Introduction: How to Use this Toolkit

Introduction

Associations play an important role as fiduciaries entrusted by the people who created them to manage resources, represent the organization, and fulfill the mission. They are stewards of financial stability, reputation, and history for their members. Associations were born out of a need for people with a common purpose to be organized, coordinated in their efforts, and future focused. Their contributions to society with the goal of improving how people live are invaluable; broad public support is based on how associations are perceived by the public – or their reputation.

The reputation of associations is preserved by their behavior and how they treat their members and partners and society at large. ASAE serves associations by providing research, best practices, shared knowledge, and education in areas of greatest need for its members. As part of its leadership in the association community, ASAE has its own standards of conduct for its members and recommends its members adopt a code of conduct or code of ethics as well.

As outlined in the [ASAE Standards of Conduct](#), ASAE's core ethical standards include:

- Respect and uphold public laws that govern one's work
- Champion diversity, equity and inclusion
- Be honest in conducting business
- Respect the confidentiality of information gained through one's work
- Act fairly
- Foster an ethical culture through one's work and
- Take responsibility for one's conduct.

The ASAE Ethics Committee is charged with the task of bringing awareness to ethics-related topics through promotion of the ASAE Standards of Conduct, promoting an ethical mindset, and providing tools to support the creation of ethical organizational cultures.

This Ethics Toolkit includes sample policies provided by ASAE member organizations that address the workplace, association-sponsored events outside of the workplace, and third-party relationships. We hope that these sample policies will initiate a conversation within your organization that will help you devise your own policies, and help to ensure that you, as the steward of safekeeping for your association, are protecting employees and members while paving the way for dialogue and agreement around expectations for behavior in the workplace or at association-sponsored events.

Disclaimer: The policies listed in this Toolkit are intended for general guidance and easy reference for creating ethical practices. The Toolkit content is not intended to serve as, or in lieu of, legal advice. Be sure to consult with your association's legal counsel if you have a specific issue on which you need individual guidance or to ensure compliance with local, state or federal laws.

These policies are provided as information-only material. Any further publication or use is prohibited

except with the express approval of the organization represented. Where appropriate contact information has been provided for each sample policy. Policy guidance is provided on the following topics:

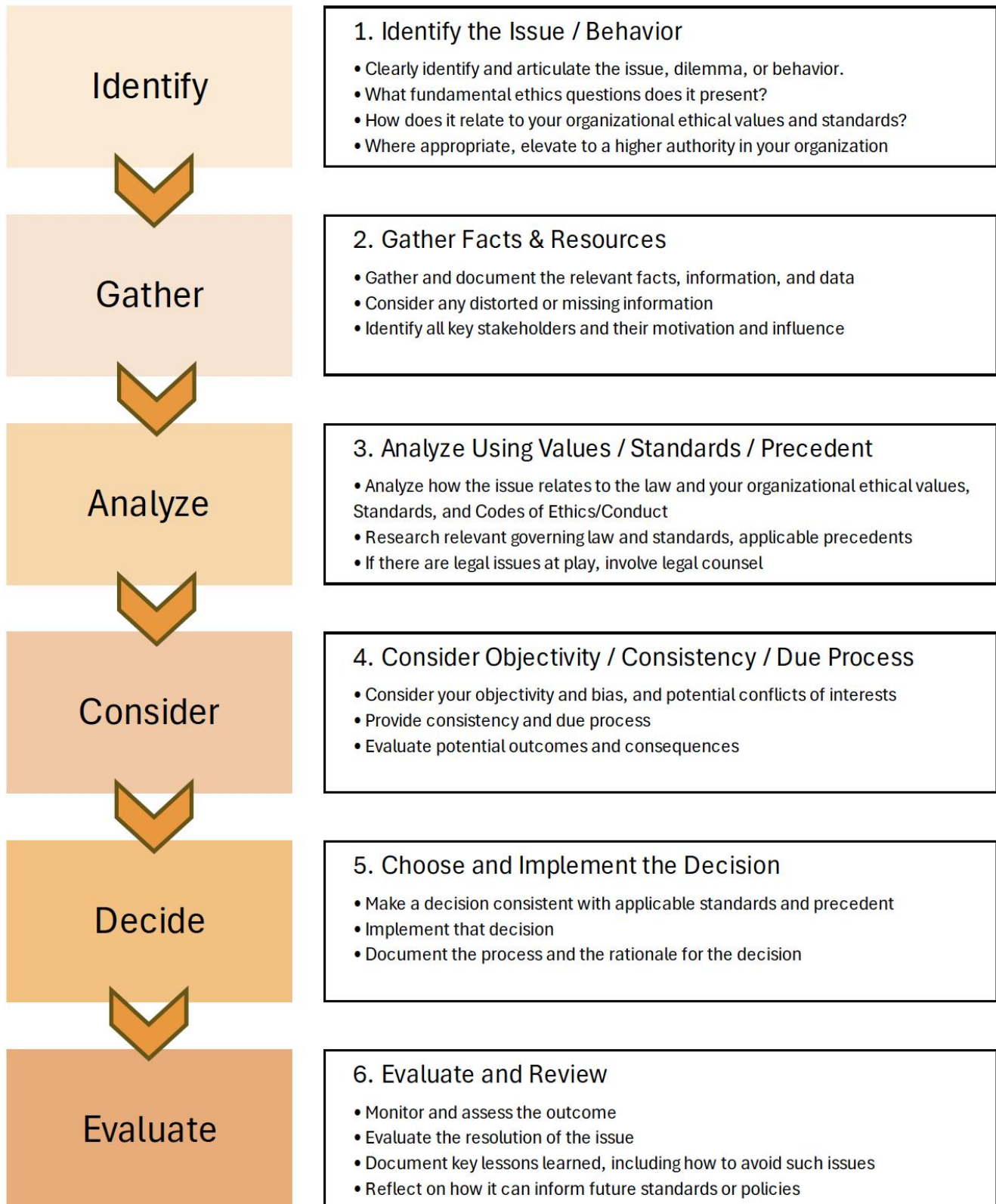
- Code of Conduct and Code of Ethics
- Anti-Harassment
- Conflict of Interest
- Social Media
- Vendor Relations
- Whistleblower

The authors envision that this Toolkit will be a living document, and that routine updates may be provided by the ASAE Ethics Committee as needed.

Model Framework

When approaching ethics questions and issues, association professionals should use a systematic process for analysis. Adopting a robust framework provides a consistent pathway for making decisions related to ethics challenges. A model Ethics Decision Making Framework is presented below.

Model Ethics Decision Making Framework



Codes of Conduct/Ethics Policy Guidance and Examples

Ethical Codes of Conduct/Ethics Policies

Introduction

To encourage ethical behavior, Associations may wish to adopt a Code of Ethics, Code of Conduct, ethics policies, or some hybrid of these (all generally referred to as an “ethics code” in this document). A “Code of Ethics” generally communicates the values or aspirational ethical principles of the organization, while a “Code of Conduct” or related ethical policies also specify in greater detail the behaviors (i.e., conduct) expected and/or prohibited by the organization. Professional societies may have a separate ethics code for the profession they serve in addition to an organizational ethics code for staff, governing board members and others engaged in the work of the society, while other associations may have one ethics code that is relevant for both members and staff. The form an organization’s ethics code should take depends on the needs of the organization and its goals for the document. This summary will focus on organizational Codes of Conduct/Ethics policies relevant to the behavior of staff and member volunteers involved in the association’s work. It does not cover ethics codes focused on particular professions.

Preamble to an Ethics Code

An ethics policy should include a preamble to set forth the overarching purpose of the code as well as its target audiences (e.g., volunteer members, officers, staff, non-member attendees of an association function, vendors, etc.). It should also differentiate when requirements might be different for the different audience segments. The preamble may relate the Code of Conduct to the association’s mission as well as the highest level of its values. The preamble should also specify when and how the policy will be communicated, or such information should be included elsewhere in the document (if not clear from the circumstances).

Underlying Aspirational Principles

A Code of Ethics includes aspirational statements describing organizational values and the ethical principles of the association. When drafting a code of conduct, it is helpful to also include such aspirational statements describing organizational principles that help guide conduct and the ethical practices of the organization consistent with its mission. These principles might include statements on a desire for:

- Honesty in all transactions
- Fair and equal treatment for all
- Advancing public trust and transparency
- Good faith and due diligence in all organizational affairs (“stewardship”)
- Adherence to law and regulations
- Societal considerations

Code of Conduct Leading Practices

- A rich and inclusive ethics policy/code of conduct should outline principles of the association as well as standards for ethical behavior.
- A code of conduct should be developed via a transparent process with the involvement of all relevant stakeholders. Doing so increases stakeholder and target audience buy-in and fosters ethical thinking.
- A code of conduct (or a companion document) should include procedures for enforcement, including a clear process for reporting possible violations, investigating allegations of unethical behavior (if appropriate), resolving violations, disciplinary action, and appeals. Identification of the officer or entity determining the outcome, and a commitment to due process to ensure fair treatment in public disputes, should also be included.
- A code of conduct (or companion policies) should include whistleblower protections and protect against retaliation for reporting possible unethical conduct.
- A code of conduct should include clear guidelines for interpersonal behavior including behavior at meetings and meeting-related events, and any places of training or employment. Harassment concerns should be clearly spelled out.
- A code of conduct should be clearly accessible to the public, the target audience required to comply with the ethics code, and to all members of the organization and other stakeholders.
- Codes of conduct should apply consistently to all target audience members, regardless of the member's geographic location, or that member's public stature or status within the organization. Any distinctions in ethical conduct between members should be clearly spelled out in the code and include the justification for the distinction.
- A code of conduct should be revisited regularly to maintain its relevancy and be updated as needed. The organization should also regularly evaluate how well it is implementing the code of conduct and using it to address violations.

Code of Conduct Statements

A recommended ethics policy for each organization should include statements or passages that would address areas of importance to the individual organization. Example potential policy statements include:

- **Confidentiality** – Members and staff are required to protect the confidentiality of all privileged information relating to the organizational business or prospects.
- **Professional Misrepresentation** – Members and staff are expected to recognize and honestly represent individual boundaries of professional competence.
- **Harassment, Discrimination, Bullying and the Abuse of Power** – The organization should provide a clear statement on impacts and its intolerance for harassment, discrimination and bullying.
- **Reporting Ethical Violation of Others** – Members and staff are asked to take responsibility to act or intercede where possible to prevent misconduct and report such misconduct when it occurs.
- **Conflict of Interest** - Members will proactively disclose financial, personal, professional, and

other conflicts of interest that could compromise the trustworthiness of their work on behalf of the organization.

- **False accusations / Improper complaints** – Penalties are outlined for making false or improper complaints and such accusations are denoted as an ethical violation.
- **Intellectual Property** – Members or staff should not knowingly infringe the intellectual property rights of other parties.

Additional Targeted Codes of Conduct

Where appropriate, depending on services and products offered by the organization, the ethics policy should also be written to address the topics below, either directly in the policy, or as a stand-alone code of conduct addendum:

- Code of conduct at meetings
- Ethical standards for publications (authorship, fabrication, plagiarism, falsification, etc.)
- Ethical standards for consultation services
- Ethical standards for fundraising
- Ethical standards for vendor practices

Sample Code of Conduct Policies (click to access):

[**American Society of Association Executives \(ASAE\) Code of Conduct**](#)

[**Sample Code of Conduct Policy 1 - American Sociological Association Code of Ethics and Professional Conduct**](#)

[**Sample Code of Conduct Policy 2 - American Geophysical Union Scientific Integrity and Professional Ethics**](#)

[**Sample Code of Conduct Policy 3 – Shakespeare Association of America Events Code of Conduct**](#)

Anti-Harassment Policy Guidance and Examples

Anti-Harassment Policies

Introduction

Associations, like all organizations, should have anti-harassment policies to ensure a safe, positive, and respectful environment. These policies ensure that association staff, officers, members, volunteers, vendors, and others involved in association activities and events are aware of acceptable behavior and what should be done when a complaint is needed. In addition, anti-harassment policies provide legal protection against harassment claims.

Harassment is a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967 (ADEA), and the Americans with Disabilities Act of 1990 (ADA). Harassment is unwelcome conduct that is based on race, color, religion, sex (including sexual orientation, gender identity, or pregnancy), national origin, older age (beginning at age 40), disability, or genetic information (including family medical history).

Harassment is an act that affects association staff, members and other stakeholders (e.g., vendors, non-member attendees of events) and it requires a policy and/or plan of action to address it, should it occur. Harassment isn't restricted to the workplace, but can occur outside of it as well, at online (virtual) and in-person events, conferences and meetings.

An effective anti-harassment policy should be clear and should contain the following elements:

- Underlying principles
- Definition of harassment
- Clear reporting procedures
- Responsibility of supervisors and witnesses
- Direct communication with accused offender
- Clear and prompt investigation procedure with due process provisions
- Potential sanctions
- Anti-retaliation provision
- False accusation provision
- Statute of limitation (if applicable)

Target Audiences

Target audiences for anti-harassment policies in associations include, but are not limited to, staff, officers, volunteers, and vendors. As such, there are circumstances in which the association should be proactive with communicating its anti-harassment policy. For example, when a staff member is hired, review of the association's anti-harassment policy should be included in the orientation/on-boarding process. This will ensure that the staff member is informed about what constitutes harassment and how to report incidents. Association events, such as webinars, online meetings and in-person meetings, should also have an anti-harassment policy (which may be part of a Code of Conduct policy). This will ensure that all participants, including staff, attendees, and vendors, are aware of what is and is

not acceptable, how to report unacceptable behavior, the process by which such actions will be investigated, and potential outcomes following an investigation. An association's anti-harassment policy should be tailored to the specific contexts in which it applies.

Policy Awareness

It is important that association staff and participants in association activities are made aware of the anti-harassment policy(s), as well as how and where to report any policy-related violations or concerns. The association's website, event registration and its webpage(s), event mobile application, and other communication modalities can be leveraged to ensure that the applicable anti-harassment policy is accessible to promote awareness and compliance.

Sample Anti-Harassment Policies (click to access):

[Sample Anti-Harassment Policy #1: From the Illinois Park & Recreation Association](#)

[Sample Anti-Harassment Policy #2: From the American Historical Association](#)

[Sample Anti-Harassment Policy #3: From the Shakespeare Association of America](#)

Conflict of Interest Policy Guidance and Examples

Conflict of Interest Policies

Introduction

As defined by the IRS on Form 1023, a conflict-of-interest policy is “intended to help ensure that when actual or potential conflicts of interest arise, the organization has a process in place under which the affected individual will advise the governing body about all the relevant facts concerning the situation.” Additionally, the IRS guidance notes that a “conflict of interest policy is also intended to establish procedures under which individuals who have a conflict of interest will be excused from voting on such matters.”

Define Conflict of Interest

A conflict-of-interest policy should define how it interprets a conflict of interest, including perceived conflicts of interest. For example, according to Association Forum, it should include an “obligation to disclose any conflicting or potentially conflicting personal, professional or business interests he or she may have, directly or indirectly, with the affected activity or decision” and that the person should disclose, “any significant financial interest in, or other relationship with, an entity having a “commercial interest” in the activity. A commercial interest may exist not only where the entity’s products or services are under consideration by the entity, but also where the entity’s products or services are in competition or potential competition with those under consideration.”

According to the Illinois Park and Recreation Association,

There are some common relationships or circumstances that can create or give the appearance of a conflict of interest. A potential or actual conflict of interest occurs whenever an employee is in a position to influence a decision that may result in a personal gain for the employee or an immediate family member (i.e., spouse or significant other, children, parents, siblings) as a result of the Association’s business dealings.

According to the Window and Door Manufacturers Association’s Board of Directors Conflict of Interest Policy,

Traditional legal analysis suggests that recusal or withdrawal from participation in deliberations relating to a conflict of interest is not intended to imply that the person is untrustworthy or not capable of acting in the best interests of the WDMA with respect to other, unrelated issues. It is designed to protect the Association and the conflicted director by ensuring that decisions are made without even an appearance of a conflict and that the WDMA’s confidential information is being protected.

Identify the audience

- Depending on the policy, the audience could be employees, members, attendees, board, or volunteers. Different associations focus on different audiences with their policies. Best practice supports considering all these audiences in your policy.
- For staff: A policy for staff conflict of interest should include the right of employees to engage in activities of a private nature outside of their employment, but it should also include how perceived conflicts will be handled. For example, this may be an employee who needs to disclose other places of employment or consulting.

Procedures

It is important in any policy to account for both actual and perceived conflicts of interest. The policy is a supplement to state and federal laws governing conflict of interest applicable to associations. There will be the potential for conflicts of interest in any organization, as members, staff, and volunteers will always have multiple interests in their lives. However, in an ethical environment, board, staff, and volunteers should work to avoid any perception of conflict of interest by disclosing any possible conflict area before any discussion or exchange of information occurs.

Process

The policy should include who should report a possible conflict and whom they should report it to; usually staff report it to their supervisor and board members report it to their board chair. Volunteers on committees would report it to their committee chair.

- For board members, the policy should detail how much or how little involvement the board member should have in a decision which may be an actual or perceived conflict of interest. Best practice supports that the board member leaves the meeting while the matter is under consideration unless the remaining Board members request their participation in the discussion. It would not be sufficient for the board member to participate in the discussion, abstaining from the vote, as their presence in the discussion could make other board members feel they could not speak openly. According to the National Institute of Pension Administrators, “The interested person’s presence, if applicable, may be counted in determining whether a quorum is present, but that person’s vote may not be counted when the governing body takes action on the transaction.”
- The policy should note who gets to decide if there is a conflict of interest. According to the Human Resources Management Association of Chicago, “a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.” In many association policies, the procedure within a board situation of possible conflict would be for the board member to disclose a possible conflict, while the other board members determine if that person has a conflict. If they do deem a conflict, the person leaves that portion of the meeting. If the person refuses to leave the meeting, the board may refuse to allow that person’s participation in the discussion. In a unique situation where a long-term relationship may occur, which would create extensive conflict of interest, replacement of the individual in the affected position or activity may be

required.

- **Undisclosed Conflicts of Interest:** The policy should include repercussions of undisclosed conflicts. For example, according to the Window and Door Manufacturers Association's Board of Directors Conflict of Interest Policy, "If the WDMA determines that a director has knowingly violated his/her duty of confidentiality in a conflict-of-interest position, the Board has the right to take all appropriate legal remedial action to protect the interests of the Association." For staff, those repercussions may include disciplinary action and termination.

Signature

Many associations will have staff and volunteers sign conflict of interest forms on a routine basis, maybe once a year or along other timeframes.

- When used, the form/policy should require the board member or staff member to update it if a new conflict comes up.
- If signature documents are used, the policy should note how long the signed conflict of interest forms should be on file. For example, according to the Financial & Insurance Conference Professionals, "Disclosure Forms shall be kept on file at FICP's office for a period of two (2) years, or one (1) year after the conclusion of the relevant activity or decision-making process, whichever is longer, unless otherwise determined by the Board."

Sample Conflict of Interest Policies (click to access):

[Sample Conflict of Interest Policy #1: From Illinois Park and Recreation Associations' Board of Directors](#)

[Sample Conflict of Interest Policy #2: From the Association Forum of Chicagoland, Conflict of Interest Policy for Volunteers \(and signature form\)](#)

[Sample Conflict of Interest Policy #3: From the Financial & Insurance Conference Professionals \(FICP\) Conflict of Interest Policy](#)

[Sample Conflict of Interest Policy #4: From the American Public Health Association Conflict of Interest Policy:](#)

Confidentiality Policies

Introduction

Associations often deal with sensitive information about members, employees, donors, volunteers, and other entities. Confidentiality policies are important to an organization's credibility and reputation, and both board members and staff should understand their responsibilities in this area.

Confidentiality is included in the board's fiduciary responsibility, which is the legal or ethical obligation to act in the best interest of another party. Maintaining confidentiality encompasses any personal or sensitive information they acquire during their service to the board. Board members have limits on how they can share information and with whom they may share it.

Key Elements of Confidentiality

- Boards and employees are often exposed to confidential information critical to the well-being of the organization. Board members and employees may have access to personal or sensitive information about their membership and fellow board members. Information that generally is considered confidential and/or privileged includes planning documents; business and legal negotiations; member, customer, and other records; anonymous donor records; personnel and employment records or other personal information; security guidelines; and any other matters discussed, including those discussed in executive sessions.
- Some organizations may choose to proactively categorize certain documents and information as confidential. Others may identify specific items that are confidential prior to and during meetings to remind board members of their commitment to confidentiality. To add formality, the board may vote on whether certain sensitive issues and/or discussions are confidential in nature. See, e.g., [Boardroom Confidentiality Under Focus](#) (Harvard Law School Forum on Corporate Governance).
- Understanding fiduciary responsibilities can be enough to prevent problems with confidentiality, but there are several reasons for . A confidentiality policy clarifies expectations for board members and explains the context of how to apply it. Such a policy could form the basis of more detailed procedures if they become necessary and may govern future decision-making or actions. Having a confidentiality policy is part of best practices for boards.

Confidentiality Policy Implementation and Education

- Make the confidentiality policy part of the board member and new staff orientation.
- Discuss the reasons for confidentiality and describe when breaches may occur and what happens if confidentiality is breached. By explaining the purpose of the policy and the consequences of breaching it, it is easier to abide by the policy.

- Tie the confidentiality policy to the board members' fiduciary duty and duty of loyalty, which obligates them to act in the best interest of the organization.
- Incorporate the legal requirements for confidential records (e.g., HIPAA, personnel files, national security).
- Link the confidentiality policy with the association's conflict of interest policy and include the policy in relevant documents (e.g., board operations manual).

Sample Confidentiality Policies (click to access):

[Sample Confidentiality Policy #1: From the National Association of REALTORS](#)

[Sample Confidentiality Policy #2: From the American Association of Endodontists](#)

[Sample Confidentiality Policy #3: From the Financial Planning Association](#)

Social Media Policy Guidance and Examples

Social Media Guidelines and Policies

Introduction

Social media has become an integral part of communication in the association management digital landscape, encompassing various platforms such as social networking sites, forums, blogs, and video/photo sharing platforms. As associations navigate the complexities of social media, it's crucial to uphold ethical standards that reflect positively on the organization, its members, and its stakeholders.

Recognizing the impact of social media, association leaders, employees and volunteers are expected to exercise responsibility and accountability in their online interactions. To promote a culture of integrity and professionalism, associations may wish to adopt one of two approaches: restricting social media usage or providing clear guidelines to ensure ethical conduct online. It's essential to assess which approach aligns best with the organization's values and objectives.

Factors to consider:

- **Content Consideration:** Before posting on social media, leaders, staff and volunteers should carefully evaluate the content of their posts, considering how it may reflect on themselves, colleagues, the association, and its constituents.
- **Accessibility:** Content should be accessible by all. Consider the principles of accessible design, including alt text, video captions, and other design elements for effectiveness. Leaders should stay up to date on the latest best practices in accessibility to ensure the needs of all stakeholders are met by incorporating accessible design practices.
- **Professional Reputation Management:** Leaders, staff and volunteers must be mindful that their online actions can impact their professional reputation and that of the association. They should utilize privacy settings effectively and exercise sound judgment in all online interactions, remembering that once something is digitized it is no longer safe from hackers or other misuse or abuse.
- **Prohibited Content:** Posting content that may be deemed malicious, obscene, threatening, or disparaging to association members, leaders, volunteers, vendors, or stakeholders should be held as strictly prohibited by the organization. Any form of harassment or bullying should not be tolerated and may result in disciplinary action, including termination of employment, ethics violation charges, or other legal action. Consider your own photo use and likeness policies and permissions before posting any member images on your social media sites.
- **Supervisory Caution:** Supervisors should exercise caution when connecting with staff on social media platforms to avoid blurring the lines between professional and personal relationships, which could create conflicts or perceived biases in the workplace. Similarly, board members, who hold positions of power over staff and other volunteers should exercise equal or greater caution in use of electronic communications with their constituents.
- By adhering to these guidelines, association leaders, members, and staff can harness the power of social media to promote positive engagement, protect reputations, and uphold the values of

the organization in the digital world. Please consider sharing your social media policy examples with your fellow ASAE colleagues.

- **Terminology**

“Social media” includes internet-based communications tools that focus on interactivity, user participation, and information sharing, including social networking sites, forums, blogs, online chat sites, video/photo posting sites, or any other such similar output or format or other online forums.

Sample Social Media Policies (click to access):

[Sample Social Media Policy #1: From the Association for Computing Machinery](#)

[Sample Social Media Policy #2: Taken in Part from the National Automated Clearinghouse Association](#)

[Sample Social Media Policy #3: Taken in Part from the Illinois Farm Bureau](#)

Vendor Relations and Gift Policy Guidance and Examples

Vendor Relationships and Gifts Policies

Introduction

A vendor relationship policy brings together relevant standards for relationships among the Association, its employees, volunteers, and vendors. This type of policy outlines expectations and ensures all parties are acting in accordance with the association's expectations, ethical standards, and applicable laws.

In general, non-contractual benefits received from vendors by individual employees or volunteers should be modest in value and scope, directly tied to legitimate business purposes, and must not improperly influence decision-making on behalf of the Association. Creating this general understanding into an actual policy is a healthy way to ensure ethical relationships with vendors.

Benefits of a Vendor Relationship and Gift Policy

A healthy environment where vendors, staff, and volunteers interact with each other is essential. Setting expectations in writing empowers staff and volunteers to make sound decisions while allowing them to point to a policy if a vendor is persistent.

Ethical interactions with vendors can often have many gray areas that leave staff and volunteers confused and uneasy in making decisions. Your association's policy will help to clear these gray areas and ensure staff and volunteers are acting in the best interest of the association while alleviating their stress.

When vendors understand that your association has policies relating vendor relationships and gifts, it will require them to concentrate on selling the quality of their product/service rather than a culture of giving gifts to earn business.

When staff and volunteers understand that your association has a policy on vendor relationships and gifts, it removes any guesswork they would have to make on their own, creating a culture of ethical relationships between your association and vendors.

Preamble to the Policy

Having a preamble to a vendor relationship policy is a great way to set the stage as to why a vendor relationship policy is needed. The preamble can be simply stated and offers some brief background.

Preamble Examples

We are a trade association that deals with hundreds of vendors daily. Often these vendors will offer our staff and volunteers gifts, entertainment, and other benefits. To be abundantly clear that this association will not be swayed by such things, we have established this policy to act as a guide.

or

As a nonprofit association, we interact with hundreds of vendors. Often, we are asked for endorsements from vendors. To be viewed as a responsible association that conducts business in an ethical manner, we have established this policy to act as our guide.

The Policy Declaration

A policy declaration clearly states the intent of the policy. It should address who is expected to abide by it.

Policy Declaration Examples

Employees and volunteers may accept gifts, entertainment, and other benefits from vendors, so long as they are modest in value and not intended to improperly influence their objectivity.

or

Employees and volunteers may not accept any gifts, entertainment, or other benefits from vendors.

Once you have a clear declaration statement, then you can start listing detailed expectations of the statement under policy procedure/rules.

The Policy Gift Procedure/Rules

Procedures/rules for a vendor relationship policy may extend to the appropriate value of gifts or proper number of gifts from a single vendor. Many associations and companies have an actual value assigned to gifts that may be accepted.

Gift Policy Example

Gifts under \$10 in value may be kept without reporting them to the association. Gifts over \$10 but under \$100 may be kept but must be reported to the association. Gifts over \$100 may not be accepted.

Providing clear language gives employees and volunteers an exact value of what is meant by “modest” so there is no room for interpretation.

This section of a policy can also include identification of any inappropriate gifts, such as cash or gift cards. The policy should be clear on how your association views gifts in the form of tickets to a concert or sporting event because you may find them to be inappropriate or acceptable.

Your policy may also list an annual limit from one vendor and an annual limit on how many gifts one employee or volunteer can accept.

Annual Limit Examples

Vendors should not give multiple gifts that have a combined value of over \$100 annually.

and

Staff and volunteers should not get into the habit of accepting gifts from multiple vendors. More than three gifts annually, no matter the value, needs to be reported to the association.

The procedure and rules section of the policy should include a detailed reporting process if your policy requires gifts to be reported. The policy should designate a person or department that tracks gifts over a certain value. The policy should outline a timeline of how soon the gift should be reported after receiving it. The process does not need to be complex; some associations require a simple email to a manager while others may have a form to fill out that is housed in human resources or the finance department. You may also need to include definitions that may be unique to the association and the way your association views vendors. You can also include what the association deems as a “gift” in a definitions section of the policy.

Definitions Examples

The term Vendor relates to all persons or companies that the association does business with, may do business with or may never do business with.

and

Gifts include but are not limited to free hotel nights, free services at hotels, and tickets to sporting/entertainment events.

Sample Vendor Relationship and Gift Policies (click to access):

[Sample Vendor Relationship and Gift Policy #1: Taken in part from Eaton Worldwide: Gift & Entertainment Policy](#)

[Sample Vendor Relationship and Gift Policy #2: Taken in part from Encompass Health Vendor Relationships and Gifts Policy](#)

[Sample Vendor Relationship and Gift Policy #3: American Society of Clinical Oncology Guidelines for Vendor Gifts](#)

Whistleblower Policy Guidance and Examples

Whistleblower Policies

Introduction

A **whistleblower** is an individual, typically a member, employee, volunteer, or contractor, who reports or exposes misconduct, unethical behavior, illegal activities, or violations of the association's policies or the law. This can include actions such as fraud, corruption, harassment, financial mismanagement, or any other actions that undermine the integrity and effectiveness of the association.

Whistleblowers are often protected by the association's whistleblower policy, which ensures that their identity remains confidential and that they won't face retaliation for coming forward. The purpose of the whistleblower is to help safeguard the association's values, integrity, and compliance with laws and ethical standards.

A whistleblower policy is crucial for associations because it helps maintain transparency, accountability, and trust within the organization. Here's why it's important:

- **Encourages Ethical Behavior:** It provides a safe avenue for individuals to report unethical or illegal activities without fear of retaliation, promoting a culture of integrity and accountability within the association.
- **Prevents and Addresses Misconduct:** A clear whistleblower policy helps identify and address wrongdoing, such as financial fraud, harassment, or safety violations, ensuring the organization operates within legal and ethical boundaries.
- **Provides Legal Protection:** It protects the organization from legal risks by ensuring compliance with relevant laws, such as whistleblower protection laws, and reduces the chance of facing lawsuits or regulatory penalties.
- **Builds Trust:** When members of an association know they can report issues confidentially and without fear, it fosters trust in leadership and the organization's overall governance.
- **Improves Organizational Health:** A good whistleblower policy helps to proactively address problems, leading to a healthier, more transparent environment, which can improve employee morale, member engagement, and the association's reputation.
- **Minimizes Risk:** By addressing issues before they escalate, a whistleblower policy can help prevent costly scandals or crises that might damage the association's reputation and financial standing.

A strong whistleblower policy is an essential tool for maintaining ethical standards, protecting stakeholders, and safeguarding the association's long-term success.

A whistleblower policy for associations should include these key elements:

- **Purpose and Scope:** Explain the policy's goals (ethical behavior, accountability) and what types of issues can be reported.
- **Whistleblower Definition:** Clarify who qualifies as a whistleblower and what constitutes misconduct.

- **Reporting Channels:** Provide clear reporting methods (e.g., hotline, email), and specify who to report to.
- **Confidentiality:** Ensure whistleblower identities are protected as much as possible.
- **Protection Against Retaliation:** Guarantee that whistleblowers are safe from any form of retaliation.
- **Investigation Process:** Outline the steps for handling reports and investigating claims fairly.
- **Follow-Up:** Explain how whistleblowers will be informed about the outcome of their reports.
- **Training and Awareness:** Commit to educating members on the policy and reporting procedures.
- **Legal Compliance:** Ensure the policy aligns with applicable laws protecting whistleblowers.
- **Policy Review:** State that the policy will be periodically reviewed and updated.

[Sample Whistleblower Policies \(click to access\):](#)

[Sample Whistleblower Policy #1: Law and Society Association](#)

[Sample Whistleblower Policy #2: From the Association of International Certified Professional Accountants](#)

[Sample Whistleblower Policy #3: From the National Council on Nonprofit Associations](#)

Acknowledgements

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2024-2025 ASAE Ethics Committee

- Chair: Cindy Ziegler, Association for Professionals in Infection Control & Epidemiology
- Vice Chair Larry Smith, JD, CAE, IIB Association Group
- Past Chair: Mariama Boney, CAE, Achieve More LLC
- Lynette Bradley-Baker, PhD, CAE, RPh, American Association of Colleges of Pharmacy
- Joy Davis, CAE, American Association of Pharmaceutical Scientists
- Tina DeNeen, EdD, American Association of Collegiate Registrars and Admissions Officers
- Mark Franco, JD, RIMÔN PC
- Katie Koch, American Association of Veterinary State Boards
- Natalia Lara-Davis, Houston Building Owners & Managers Association
- Jason Lee, JD, Home Care Association of America
- Twis Lizasuain, Osceola County Association of Realtors, Inc.
- Anne Paul, CAE, American Inns of Court Foundation
- Louise Pereyra, American Society of Plastic Surgeons
- Cecilia Sepp, CAE, ACNP, Rogue Tulips Consulting
- Richard Shermanski, JD
- Adrian Stratton, GAACC
- Shawna Strickland, PhD, CAE, American Epilepsy Society
- Jane Zaretskie, CAE, Association Management Strategies
- ASAE Staff: Sabrina Morelli
- ASAE Staff: Reginald Henry, CAE

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Chair: Mariama Boney CAE; Vice Chair: Cindy Ziegler; Past Chair, Mark McCormack; Danielle Duran Baron, FASAE, CAE; Lynette Bradley-Baker, PhD, CAE, RPh; Joy Davis, CAE; Tina DeNeen, EdD; Mark Franco, JD; Jason Guilbeau, PhD, CAE; Jason Lee; Mike Norbut; Anne Paul, CAE; Richard Shermanski, JD; Larry Smith, JD, CAE; Adrian Stratton; Shawna Strickland, PhD, CAE; Dawn Tedesco; Daniel Woltman, CAE; ASAE Staff: Sabrina Morelli; ASAE Staff: Reginald Henry, CAE

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Chair: Debbie Trueblood, IOM, MSW, CAE; Chair Elect: Billy Williams; Past Chair: Barbara Long, CAE; Sharon Aguayo; Amy Arcuri; Lindsay Childress-Beatty, JD, PhD; Neal Couture, CPCM, CAE; Nabil El-Ghoroury, PhD, CAE; Katherine Mandusic Finley, PhD, CFRE, CMP, CAE; Bona Heinsohn, CAE; Linda Taliaferro, MHCM, CAE; Betsi Roach, MIM, CAE; ASAE Staff: Ashley Roberts; Staff: Robert Skelton, CAE

Appendix A: Sample Codes of Ethics/Conduct

American Society of Association Executives (ASAE) Code of Conduct

The ASAE Code of Conduct is reprinted on the following pages, and is available at the ASAE website: www.asaecenter.org

Standards of Conduct *Core Ethical Standards*

CORE STANDARD	ASSOCIATION PROFESSIONALS / EXECUTIVES	CONSULTANTS	INDUSTRY PARTNERS
1 Respect and uphold public laws that govern my work	Know and abide by the laws and regulations that govern nonprofit organizations and their entities.	Know and abide by the laws and regulations that govern the member's profession or industry and that of his/her clients.	
	Encourage all stakeholders to respect and uphold the law.	Encourage all industry partners to respect and uphold laws and regulations.	
	Ensure all contractual dealings are conducted fairly and in compliance with the law.		
2 Champion diversity, equity and inclusion	Know and develop best practices for leadership, staff, and volunteers to continue to be a fair, just, equitable organization.	Ensure that a consultant's work for an organization aligns with efforts to be fair, just, equitable, and inclusive.	Know and develop best practices for industry partner leadership and staff that align with efforts to be a fair, just, equitable, and inclusive organization.
	Model language and behaviors that reflect the importance of DEI values.		
	Practice awareness of your implicit biases/stereotypes.		
	Practice inclusion, including the development of inclusive language and communications, and inclusive policies and procedures that promote access to all populations.		
	Develop policies and practices in areas such as hiring, staff management, and vendor selection that support the organization's DEI values and goals.	Demonstrate a commitment to DEI through company policies and practices in areas such as hiring and staff management.	

Standards of Conduct *Core Ethical Standards*

CORE STANDARD	ASSOCIATION PROFESSIONALS / EXECUTIVES	CONSULTANTS	INDUSTRY PARTNERS
2 Champion diversity, equity and inclusion <i>(continued)</i>	Include accessibility considerations in your organization's physical structures, operations, and digital infrastructure.	Demonstrate policies and practices of nondiscrimination across areas such as service and product pricing, client selection, and contract inclusions.	
	Include DEI in individual and organizational strategic goals and objectives.	Practice awareness and support of partner organizations' DEI policies and practices.	
	Ensure that working groups and teams within your organization represent diverse backgrounds and perspectives.		
	Cultivate equitable partnerships with other organizations that recognize and eliminate any potential forms of bias, harassment, and discrimination.		
	Cultivate an equitable environment that: challenges intentional and unintentional forms of bias, harassment, and discrimination; pays attention to recognizing and eliminating barriers to full participation at individual and systemic levels; and provides beneficial opportunities to all populations.		

**1The definitions for Diversity, Equity/Equitable Environment and Inclusion include language taken directly from the terminology section of ASAE's 2019-2021 Diversity + Inclusion (D+I) Strategic Plan.*

Standards of Conduct *Core Ethical Standards*

CORE STANDARD	ASSOCIATION PROFESSIONALS / EXECUTIVES	CONSULTANTS	INDUSTRY PARTNERS
3 Be honest in conducting my business	Strive to create an environment in which others feel safe to tell the truth.		
	Be honest and accurate in communications and in conduct particularly when describing one's knowledge, experience, expertise and credentials.	Be honest and accurate in communications and in conduct particularly when describing one's knowledge, experience to clients and when promoting services.	
	Demonstrate transparency in the decision-making process and disclose all potential and actual conflicts of interest.	Maintain a transparent line of communication and fully disclose all potential and actual conflicts of interest.	
	Negotiate in good faith and provide all information material to the terms of the contract to the persons with whom the member is negotiating.	Present contracts that are clear, unambiguous and transparent to prospective clients and fully disclose potential costs within the defined scope of work to the client before beginning an assignment.	
	Follow the employer's policies and procedures in the acceptance of commissions, remuneration or other benefits in connection with the scope of the member's employment.	Obtain client's prior written consent before accepting commissions, remuneration or other benefits from a third party in connection with the recommendations regarding the client's business.	

Standards of Conduct *Core Ethical Standards*

CORE STANDARD	ASSOCIATION PROFESSIONALS / EXECUTIVES	CONSULTANTS	INDUSTRY PARTNERS
4 Respect the confidentiality of information gained through my work	Protect confidential information, including information that is in the possession of staff or volunteers whose service to the association is ending.	Protect confidential information, services and products, including after the professional relationship has ended.	
5 Act fairly	Serve the interest of the member's organization through fair, honest and courteous dealings that help advance the association management profession.		
	Advance, support, and promote association membership and the profession of association management through word and deed.		
	Approach directly those persons with whom one has a conflict or disagreement, when appropriate.		
	Conduct one's self in a professional manner in all circumstances.		
	Maintain and constantly reexamine my impartiality and objectivity, taking corrective action as appropriate.		
	Actively encourage equitable access to opportunities in association employment, membership, volunteer engagement and development, meetings, events, and activities.		

Standards of Conduct *Core Ethical Standards*

CORE STANDARD	ASSOCIATION PROFESSIONALS / EXECUTIVES	CONSULTANTS	INDUSTRY PARTNERS
6 Foster an ethical culture through one's work	Model and encourage the integration of ethics into all aspects of management of the association which employs the member.	Model and encourage the integration of ethics into all aspects of management of the association which employs the member.	
	Pursue the objectives of the association that employs the member in ways that are ethical.	Pursue the objectives of the association that employs the member in ways that are ethical.	
	Employ practices that exemplify 'Social Responsibility' at it pertains to both the human and environment conditions.		
	Respect diversity and foster inclusion in all aspects of one's work.		
	Build strong relationships with all to enable a culture of integrity and uncompromising ethics.		
	Members inform themselves about the norms and customs of others and avoid engaging in behaviors they might consider disrespectful.		
	Listen to others' points of view, seeking to understand them.		
	Provide accurate information in a timely manner.		
	Make commitments and promises, implied or explicit, in good faith.		

Standards of Conduct *Core Ethical Standards*

CORE STANDARD	ASSOCIATION PROFESSIONALS / EXECUTIVES	CONSULTANTS	INDUSTRY PARTNERS
7 Take responsibility for my conduct	Exhibit professional conduct that is a credit to the ASAE, one's employer and one's self, and strive to continually advance personal knowledge and achieve higher levels of excellence in one's profession.	Exhibit professional conduct that is a credit to the ASAE, one's client and one's self, and strive to continually advance personal knowledge and achieve higher levels of excellence in one's profession.	Exhibit professional conduct that is a credit to the ASAE, one's employer and one's self, and strive to continually advance personal knowledge and achieve higher levels of excellence in one's profession.
Follow the established standards of the member's profession and ASAE's Standards of Conduct.			



Sample Code of Ethics #1: American Sociological Association

(PDF document begins on following page)



Code of Ethics

June 2018

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PREAMBLE

The Code of Ethics (the Code) of the American Sociological Association (ASA or the Association) sets forth the principles and ethical standards that underlie sociologists' scientific and professional responsibilities and conduct. These principles and standards should be used as guidelines when examining everyday scientific and professional activities. They constitute normative statements for sociologists and provide guidance on issues that sociologists may encounter in their work.

The ASA Code of Ethics consists of this Preamble, six General Principles, and a number of specific Ethical Standards. This Code is also accompanied by the Policies and Procedures of the ASA Committee on Professional Ethics (COPE), which describe the procedures for filing, investigating, and resolving complaints of unethical conduct.

The Preamble and General Principles of the Code are aspirational goals to guide sociologists toward the highest ideals of Sociology. Although the Preamble and General Principles are not enforceable rules, they should be considered by sociologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards.

The Ethical Standards set forth enforceable rules of scientific and professional conduct for sociologists. Most of the Ethical Standards are written broadly in order to apply to sociologists in varied roles, and the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. Conduct that is not specifically addressed by this Code of Ethics is not necessarily ethical or unethical.

The foundation of a set of ethical standards for a sociologist's work-related conduct rests on a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisors, supervisees, employers, employees, and colleagues; and to consult with others as needed concerning ethical problems. Drawing from personal values, culture, and experience, sociologists may supplement, but must not violate, the values and rules specified in the Code of Ethics.

Sociologists should strive to adhere to the principles in the Code of Ethics. Membership in the ASA commits members to the Ethical Standards and the Policies and Procedures of the Committee on Professional Ethics (COPE). Members are advised of this obligation upon joining and renewing their membership in the Association, and also that violations of the Ethical Standards in the Code may lead to the imposition of sanctions, up to and including termination of membership. ASA members may be reviewed under these Ethical Standards only if the activity is part of or affects their scientific and professional functions. Personal activities having no connection to sociologists' performance of their scientific and professional roles are not subject to the Code of Ethics.

GENERAL PRINCIPLES

The following General Principles are aspirational and serve as a guide for sociologists in determining the ethical course of action in a specific context. They exemplify the highest ideals

of professional conduct. ASA has no enforcement obligation with respect to these general principles.

Principle A: Professional Competence

Sociologists strive to maintain high levels of competence in their work; they recognize the limitations of their expertise; and they undertake only those tasks for which they are qualified by education, training, or experience. They recognize the need for ongoing education in order to remain professionally competent; and they utilize the appropriate scientific, professional, technical, and administrative resources needed to ensure competence in their professional activities. They consult with other professionals when necessary for the benefit of their colleagues, students, research participants, and clients.

Principle B: Integrity

Sociologists are honest, fair, and respectful of others in their professional activities—in research, teaching, practice, and service. Sociologists do not knowingly act in ways that jeopardize either their own or others' professional welfare. Sociologists conduct their affairs in ways that inspire trust and confidence; they do not knowingly make statements that are false, misleading, or deceptive.

Principle C: Professional and Scientific Responsibility

Sociologists adhere to the highest scientific and professional standards and accept responsibility for their work. Sociologists understand that they form a community and show respect for other sociologists even when they disagree on theoretical, methodological, or personal approaches to professional activities. This is the essence of collegiality. Sociologists also value the public trust in Sociology and are concerned about their ethical behavior and that of other sociologists that might compromise that trust. While endeavoring always to be collegial, sociologists must never let the desire to be collegial outweigh their shared responsibility for ethical behavior. When appropriate, they consult with colleagues to assess, prevent, and/or report unethical conduct.

Principle D: Respect for People's Rights, Dignity, and Diversity

Sociologists respect the rights, dignity, and worth of all people. They strive to eliminate bias in their professional activities, and they do not tolerate any forms of discrimination based on age, gender, race, socioeconomic status and socioeconomic origins, ethnicity, national origin, religion, sexual orientation, gender identity, gender expression, disability, health conditions, political affiliation, marital status, domestic status, parental status, or any other applicable basis proscribed by law. They are sensitive to cultural, individual, and role differences in serving, teaching, and studying groups of people with distinctive characteristics. In all of their work-related activities, sociologists acknowledge the rights of others to hold values, attitudes, and opinions that differ from their own.

Principle E: Social Responsibility

Sociologists are aware of their professional and scientific responsibility to the communities and societies in which they live and work. They apply and make public their knowledge in order to contribute to the public good. When undertaking research, they strive to advance the science of Sociology and to serve the public good. At the same time, sociologists strive to be aware of situations that may result in harm to individuals, groups or communities.

Principle F: Human Rights

In the course of their research, teaching, practice, and service, sociologists are committed to professional behaviors consistent with promoting the human rights of all people, including other sociologists. In their professional lives, sociologists strive to use their knowledge and skills to advance the cause of human rights worldwide.

ETHICAL STANDARDS

The following Ethical Standards set forth norms of professional and scientific conduct for sociologists which are enforceable by the ASA. The ASA has the sole authority to interpret these Ethical Standards and to determine their application to any particular situation.

1. Competence

- (a) Sociologists conduct research, teach, practice, and provide service only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate professional experience.
- (b) Sociologists conduct research, teach, practice, and provide service in new areas or involving new techniques only after they have taken reasonable steps to ensure the competence of their work in these areas.
- (c) Sociologists maintain awareness of current scientific and professional information in their fields of activity and undertake continuing efforts to maintain competence in the skills they use.
- (d) Sociologists refrain from undertaking an activity if their statuses, beliefs, or opinions may interfere with their scientific or professional work or lead to harm to a student, supervisee, human subject, client, colleague, or other person to whom they have a scientific, teaching, consulting, or other professional obligation.

2. Representation and Misuse of Expertise

- (a) In research, teaching, practice, service, or other situations where sociologists render professional judgments or present their expertise, they accurately and fairly represent their areas and degrees of expertise.
- (b) Sociologists do not accept grants, contracts, consultation, or work assignments from individual or organizational clients or sponsors that appear likely to require violation of

these Ethical Standards. Sociologists dissociate themselves from such activities if they discover a violation and are unable to achieve its correction.

- (c) If sociologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize such misuse or misrepresentation.

3. Delegation and Supervision

- (a) Sociologists provide proper training and supervision to their students, supervisees, or employees and take reasonable steps to see that such persons perform services responsibly, competently, and ethically.
- (b) Sociologists delegate to their students, supervisees, or employees only those responsibilities that such persons, based on their education, training, or experience, can reasonably be expected to perform either independently or with the level of supervision provided.

4. Discrimination

Sociologists do not engage in discrimination in their work, including hiring, promotion, compensation, treatment, or any other conditions of employment or career development, based on age, gender, race, socioeconomic status and socioeconomic origins, ethnicity, national origin, religion, sexual orientation, gender identity, gender expression, disability, health conditions, political affiliation, marital status, domestic status, parental status; or any other applicable basis proscribed by law.

5. Exploitation

- (a) Whether for personal, economic, or professional advantage, sociologists do not exploit persons over whom they have direct or indirect supervisory, evaluative, or other authority such as students, supervisees, employees, or research participants.
- (b) Sociologists do not have a sexual relationship with anyone they directly supervise or exercise evaluative authority over, including students, supervisees, employees, or research participants.

6. Harassment

Sociologists do not engage in harassment of any person, including colleagues, students, supervisees, employees, staff, or research participants. Harassment consists of a single intense and severe act or multiple persistent acts, any of which are demeaning, abusive, offensive, or create a hostile professional or workplace environment. Harassment may include unnecessary, exaggerated, or unwarranted scrutiny or attack, whether verbal or non-verbal. Sexual harassment may include unwanted sexual solicitation, physical advance, or verbal or non-verbal conduct that is sexual in nature. Acts of harassment can be based on age, race, socioeconomic status and socioeconomic origins, ethnicity, national origin, religion, sexual orientation, gender identity, gender expression, disability, health conditions, political affiliation, marital status, domestic status, parental status, or any other applicable basis proscribed by law.

7. Employment Decisions

Sociologists serving on recruitment committees, personnel committees, or as department or division chairs, deans, and others with employer responsibilities and authority, as well as individuals seeking or leaving employment, have an obligation to adhere to the following Ethical Standards.

7.1 Fair Employment Practices

- (a) When participating in employment-related decisions, sociologists make reasonable efforts to ensure equal opportunity and fair treatment to all full- and part-time employees.
- (b) When participating in employment-related decisions, sociologists communicate the procedures and requirements for hiring, promotion, tenure, and termination to full- and part-time employees and prospective employees.
- (c) When participating in employment-related decisions, sociologists have the responsibility to be informed of applicable fair employment laws.
- (d) When participating in employment-related decisions, sociologists inform full- and part-time employees and prospective employees of any constraints on research and publication, and negotiate clear understandings about any conditions that may limit research and scholarly activity.

7.2 Responsibilities as Employees

- (a) When seeking employment, sociologists provide prospective employers with accurate and complete information on their professional qualifications and experiences.
- (b) Sociologists fully and faithfully fulfill the duties and responsibilities agreed upon as part of their employment.
- (c) When leaving a position, permanently or temporarily, sociologists use reasonable efforts to provide their employers with adequate notice and take reasonable steps to reduce any negative effects of their leaving.

8. Conflicts of Interest and Commitment

Conflicts of interest arise when sociologists' personal or financial interests prevent them from performing their professional work in an unbiased manner. Because sociologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against conflicts of interest or apparent conflicts of interest based on personal, financial, social, organizational, or political factors that might lead them to misuse their knowledge, expertise, or influence. If sociologists discover a conflict of interest that impacts their judgment or actions, they must withdraw from the scientific or professional activity or take other reasonable steps to mitigate the effects of the conflict.

Sociologists also avoid conflicts of commitment. Conflicts of commitment arise when sociologists are unable to fulfill the duties and responsibilities agreed upon as part of their employment due to other commitments. In research, teaching, practice, and service, sociologists are alert to situations that might cause a conflict of interest or commitment and take appropriate action to prevent such conflicts or disclose them to appropriate parties.

8.1 Disclosure

Sociologists disclose all relevant sources of financial support for their professional and scientific activity to employers, clients, sponsors, publishers, and the public. Sociologists also disclose other relevant personal or professional relationships that may have the appearance of or potential for a conflict of interest. Sociologists comply with all applicable institutional and governmental conflict of interest policies and disclosure rules. Once disclosed, such conflicts should be managed in ways that are appropriate to the situation. If such conflicts cannot be managed in a manner that avoids impact of the conflict on the activity being undertaken, the activity should not be undertaken.

8.2 Decision-making

Both in the workplace and in professional activities outside the workplace, sociologists do not participate in deliberations and decisions on matters where they have conflicts of interest and commitment or the appearance of such conflicts. They avoid the impact of potentially biasing affiliations or relationships in research, teaching, practice, and service. Such potentially biasing affiliations or relationships may be either positive or negative and include, but are not limited to, those that are economic, political, friendship, religious, social, theoretical or methodological in nature.

9. Public Communications

- (a) Sociologists take steps to ensure the accuracy of all public communications in their professional and scientific work. Such public communications include, but are not limited to: directory listings; personal resumes or curriculum vitae; social media communications; advertising; brochures or printed matter; interviews or comments to the media; statements in legal proceedings; lectures and public oral presentations; or other published materials.
- (b) Sociologists do not make public statements that are false, deceptive, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations. Such public statements may pertain to, but are not limited to: (1) training, experience, or competence; (2) academic degrees; (3) credentials; (4) institutional or association affiliations; (5) services; (6) fees; or (7) publications or research findings. Sociologists do not make false or deceptive statements concerning the scientific basis for, results of, or degree of success from their professional services.
- (c) When sociologists provide professional advice or comment by means of public communications, including lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, digital media, including social media, they take reasonable precautions to ensure that the statements are based on appropriate research, literature, and practice; and the statements are otherwise consistent with this Code of Ethics.
- (d) Sociologists who engage or employ others to create or place public statements that promote their work products, professional services, or other activities retain responsibility for such statements.
- (e) Sociologists make reasonable efforts to prevent others whom they do not directly engage, employ, or supervise (such as employers, publishers, sponsors, organizational clients,

members of the media) from making deceptive statements concerning the sociologist's own professional research, teaching, or practice.

10. Confidentiality

- (a) Information is confidential when an individual can reasonably expect that the information will not be made public in a personally identifiable manner. This is especially critical when the public release of the information could be harmful to the person to whom it refers.
- (b) Sociologists have an obligation to always ensure that confidential information is protected. They do so to ensure the integrity of research and the open communication with research participants, and to protect sensitive information obtained in research, teaching, practice, and service.
- (c) When gathering or receiving confidential information, sociologists should take into account the long-term uses of the information, including its potential placement in public archives or the availability of the information to other researchers or practitioners.

10.1 Confidentiality in Research

- (a) Sociologists take all reasonable precautions to protect the confidentiality rights of research participants.
- (b) Confidential information provided by research participants should be treated as such by sociologists even if there is no legal protection or privilege to do so.
- (c) Information provided under an understanding of confidentiality is treated as such even after the death of those providing that information.
- (d) The obligation to maintain confidentiality extends to members of research or training teams and collaborating organizations who have access to the confidential information. To ensure that access to confidential information is restricted and respected, it is the responsibility of researchers, collaborators, and administrators to instruct and supervise staff and research workers to ensure they take the steps necessary to protect confidentiality.
- (e) When using confidential information about individuals collected by other persons or institutions, sociologists protect the confidentiality of individually identifiable information.
- (f) The ethical requirements for confidentiality of personally identifiable information apply to the collection and analysis of large scale data sets which are generated through technology and internet activities. Sociologists do not attempt to re-identify such data.
- (g) Sociologists make reasonable efforts to maintain confidentiality in the storage and transmission of research information.

10.2 Confidentiality in Teaching

In accord with current legal statuses and institutional policies, sociologists protect the confidentiality of student records, performance, evaluation, and personally identifiable information, whether verbal or written, that is given in the context of academic consultation, supervision, or advising.

10.3 Confidentiality in Service

Sociologists protect the confidentiality of deliberations, activities, or roles, including, where applicable, that of professional committees, review panels, or advisory groups (e.g., the ASA Committee on Professional Ethics).

10.4 Confidentiality in Sociological Practice

Sociologists protect the confidentiality of deliberations, activities, or roles, including, where applicable, that of clients, professional contracts, grants, review panels, or advisory groups.

10.5 Limits of Confidentiality

- (a) Sociologists inform themselves fully about all laws and rules which may limit or alter assurances of confidentiality. They determine their ability to assure confidentiality and, as appropriate, inform research participants, students, colleagues, employees, clients, or others of any limitations to this assurance as soon as possible.
- (b) In rare cases, sociologists may not be required to adhere to these confidentiality obligations. Sociologists may confront unanticipated circumstances where they become aware of confidential information that is clearly health- or life-threatening to research participants, students, colleagues, employees, clients, or others. In these cases, before taking action, sociologists evaluate, with applicable law and regulation in mind, the importance of assurances of confidentiality as specified in this Code of Ethics.
- (c) Confidentiality is not required with respect to observations in public places, activities conducted in public, or in other settings where no rules of privacy are provided by law or custom. Similarly, assurance of confidentiality is not required in the case of information available from public records or unrestricted internet sites.
- (d) Sociologists who conduct research with participants who are engaging in illegal or potentially stigmatizing behaviors must understand the limits of confidentiality and address possible challenges to maintaining confidentiality. These limits should be reviewed by an authoritative body with expertise on the ethics of social science research such as an institutional review board.

10.6 Electronic Transmission of Confidential Information

Sociologists engaged in research, teaching, practice, and service employ industry-standard secure methods in storing, delivering or transferring any confidential data, information, or communication over public computer networks. Sociologists take reasonable steps to avoid the problems of maintaining confidentiality and control over the transmission of sensitive material when its use may open their professional and scientific communication to unauthorized persons.

10.7 Preservation of Confidential Information

- (a) Sociologists take reasonable steps to ensure the preservation of confidential records, data, or information consistent with these Ethical Standards. The preservation of such materials may also be governed by law, regulation, or institutional policies.
- (b) Sociologists plan so that confidentiality of records, data, or information is protected in the event of the sociologist's death, incapacity, or withdrawal from a position or practice.

11. Informed Consent

Informed consent is a basic ethical tenet of all research involving human subjects, including sociological research. Sociologists do not involve a human being as a participant in research without the informed consent of the participant or the participant's legally authorized representative, except as otherwise specified in these Ethical Standards. Sociologists recognize the possibility of undue influence or subtle pressures on participants that may derive from researchers' expertise or authority, and they take this into account when designing informed consent procedures.

- (a) As part of obtaining informed consent, sociologists inform prospective research participants or their legal representatives of the nature of the research. They indicate to them that their participation or continued participation is voluntary; they inform them of significant factors that may be expected to influence their willingness to participate (e.g., possible risks and benefits of their participation); and they respond to questions from them. Also, if relevant, sociologists explain that refusal to participate or withdrawal from participation in the research involves no penalty, and explain any foreseeable consequences of declining or withdrawing, when necessary.
- (b) Sociologists have the responsibility to ensure that the participants understand the research requirements and that participants actively participate in the consent process.
- (c) Sociologists recognize that consent is a process. When sociologists regularly interact with research participants over a period of time (e.g., research panels and ethnographic research), they periodically remind the participants about the nature of the consent, their right to discontinue at any time, and inform the participants if the research procedures change.
- (d) Sociologists are familiar with and conform to applicable state and federal law and regulations and, where applicable, institutional review board requirements for obtaining informed consent for research. Sociologists recognize that these Ethical Standards and institutional requirements may require more informed consent procedures than are required by state and federal law and regulations.
- (e) Sociologists honor all commitments they have made to research participants as part of the informed consent process except when significant unanticipated circumstances demand otherwise, as set forth in 10.5(a) and 10.5(b).
- (f) Sociologists explicitly discuss confidentiality and, if applicable, the extent to which confidentiality may be limited. If sociologists plan to share the data resulting from their research, they explain the processes for ensuring confidentiality by subsequent researchers.
- (g) Sociologists should consider carefully if confidentiality can be maintained with long term observational studies and provide participants information about such risks.
- (h) Sociologists keep paper or electronic records documenting consent unless such records are the only link to the personal identity of a participant. In such situations, sociologists record that consent has been obtained and the method used to do so.

11.1 Scope of Informed Consent

- (a) Sociologists conducting research obtain consent from research participants or their legally authorized representatives (1) when data are collected from research participants through any form of communication, interaction, or intervention; or (2) when the behavior of

research participants occurs in a private context where an individual can reasonably expect that no observation or reporting is taking place. Sociologists are aware that not all information on the internet is considered public, and must include informed consent procedures for research in restricted internet locations.

- (b) Sociologists may conduct research without obtaining consent for research carried out in public places where privacy is not expected. They may use publicly-available information about individuals, e.g., naturalistic observations in public places, analysis of public records, and archival research. If, under such circumstances, sociologists have any doubt about the need for informed consent, they consult with an authoritative body with expertise on the ethics of social science research, such as an institutional review board, before proceeding with the research.
- (c) Despite the importance of informed consent, sociologists may seek waivers from an authoritative body with expertise in the ethics of social science research, such as an institutional review board, when (1) the research involves no more than minimal risk for research participants, and (2) the research could not practicably be carried out if informed consent were required.
- (d) Sociologists do not typically need informed consent when using information from public internet sites. These might include much of the content on the internet, including blogs and social media sites. Whenever internet sites are not public, sociologists will receive permission from either the participants or the site managers before beginning the research.
- (e) Sociologists may conduct research where participants are willing to be identified. Sociologists should consider the effect of voluntary disclosure on the research and other participant and, as much as possible, respect the wishes of the participants who state they want to be identified.

11.2 Informed Consent with Students and Subordinates

When undertaking research at their own institutions or organizations with research participants who are students or who are subordinates of the researchers, sociologists take special care to protect the prospective participants from any negative consequences of declining or withdrawing from participation.

11.3 Informed Consent with Vulnerable Populations and Children

- (a) When conducting research with vulnerable populations, sociologists take special care to ensure that all aspects of the research are understood by the participants themselves to the extent possible. Sociologists respect the dignity of these populations and do not assume that the participants cannot consent for themselves. They also determine who can provide consent if the participants are not able to do so in accordance with applicable legal requirements. Sociologists use language that is understandable to and respectful of the research participants. Sociologists also take special care to ensure that the voluntary nature of the research is understood by the participants or their legally authorized representatives.
- (b) When vulnerable populations are not able to consent, the consent of a legally acceptable representative (LAR) can be substituted. When LARs provide informed consent, sociologists also attempt to obtain assent from the participants to the extent possible and consistent with respect and dignity of the participants
- (c) Sociologists should especially be aware of any mandatory reporting requirements when conducting research with children, older persons, and others protected by these

requirements. Children who are wards of the state may require special consent procedures.

- (d) When the research involves no more than minimal risk for the children, sociologists may seek waivers of parental or guardian consent from an authoritative body with expertise on the ethics of social science research such as an institutional review board, if the research could not practicably be carried out were consent to be required, or the consent of a parent or guardian is not a reasonable requirement to protect the child.
- (e) Sociologists recognize that waivers of consent from a child and a parent or guardian require approval from an authoritative body with expertise on the ethics of social science research such as an institutional review boards. However, waivers of parental informed consent do not imply that the assent of the child is waived; the wishes of the child regarding participation in the research must be respected.

11.4 Use of Deception in Research

- (a) Deception can include misleading participants about the research procedures and/or not providing all relevant information about the research. Sociologists do not use deceptive techniques unless they have determined that the following conditions have been met (1) the research involves no more than minimal risk to research participants; (2) deception is justified by the study's prospective scientific, educational, or applied value; (3) equally effective alternative procedures that do not use deception are not feasible; and (4) they have obtained the approval of an authoritative body with expertise on the ethics of social science research such as an institutional review boards.
- (b) Sociologists do not deceive research participants about significant aspects of the research that would affect their willingness to participate, such as physical risks, discomfort, or unpleasant emotional experiences.
- (c) When deception is an integral feature of the design and conduct of research, sociologists attempt to correct any misconception that research participants may have as soon as possible, and no later than at the conclusion of the research. This debriefing may be waived if correcting the deception can potentially cause problems for the participants or if debriefing is not possible.
- (d) Sociologists generally disclose their identities to research participants. On rare occasions, sociologists may need to conceal their identities in order to undertake research that could not practicably be carried out were they to be known as researchers. Under such circumstances, sociologists undertake the research if it involves no more than minimal additional risk for the research participants, and if they have obtained approval from an authoritative body with expertise on the ethics of social science research such as an institutional review board. Under such circumstances, confidentiality must be maintained.

11.5 Use of Recording Technology

Sociologists obtain informed consent from research participants, colleagues, students, employees, clients, or others prior to photographing, videotaping, filming, or recording them in any form, unless these activities involve naturalistic observations in public places where confidentiality is not expected and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm.

12. Research Planning, Implementation, and Dissemination

Sociologists have an obligation to promote the integrity of research and to comply with the ethical tenets of science in the planning, implementation, and dissemination of their research. They do so in order to advance knowledge, to protect the public interest, to minimize the possibility that results will be misleading, and to protect the rights of research participants.

12.1 Planning and Implementation

- (a) In planning and implementing research, sociologists consult those with expertise concerning any special population under investigation or likely to be affected.
- (b) In planning and implementing research, sociologists consider its ethical acceptability under these Ethical Standards. If the best ethical practice is unclear, sociologists consult with institutional review boards or another authoritative body with expertise on the ethics of social science research.
- (c) Sociologists are responsible for ethically carrying out all research conducted by them or by others under their supervision or authority.
- (d) In planning and implementing research, sociologists minimize the possibility that results will be misleading.
- (e) Sociologists take all reasonable steps to implement protections for the rights and welfare of research participants as well as other persons and groups that might be affected due to the research.
- (f) In their research, sociologists do not behave in ways that increase risk, or are threatening to the health or life of research participants or others.

12.2 Unanticipated Research Opportunities

If, during the course of teaching, practice, service, or non-professional activities, sociologists determine that they wish to undertake research that was not previously anticipated, they take steps to ensure that the research can be undertaken consistent with ethical principles, especially those relating to confidentiality and informed consent. Under such circumstances, sociologists seek the approval of an authoritative body with expertise on the ethics of social science research such as an institutional review boards.

12.3 Inducements for Research Participation

Sociologists do not offer excessive or inappropriate financial or other inducements to obtain the participation of research participants, if the inducements are likely to constitute an undue influence on the decision to participate in the research. Sociologists may provide appropriate incentives as an acknowledgement of participants' time and inconvenience incurred by participation in the study.

12.4 Reporting on Research

- (a) Sociologists do not fabricate data or falsify results.
- (b) In presenting their work, sociologists report their findings fully and do not omit relevant data. They report results whether they support or contradict the anticipated outcomes.
- (c) With respect to the findings and interpretation of their research, sociologists take particular care to state all relevant qualifications. Sociologists also disclose underlying assumptions,

theories, methods, measures, and research designs that might bear upon the findings and interpretation of their work.

- (d) Consistent with the spirit of full disclosure of methods and analyses, once findings are publicly disseminated, sociologists permit their open assessment and verification by other responsible researchers, with appropriate safeguards to protect the confidentiality of research participants.
- (e) If sociologists discover significant errors in their publication or presentation of data, they take reasonable steps to correct such errors in a correction, a retraction, published errata, or other media as appropriate.
- (f) Sociologists report the sources of financial support in their written papers and note any special relations to any sponsor. In special circumstances, sociologists may withhold the names of specific sponsors if they provide an adequate and full description of the nature and interest of the sponsor.
- (g) Sociologists take special care to report accurately the results of others' scholarship by using correct information and citations when presenting the work of others in publications, teaching, practice, and service settings.

12.5 Sharing Data

- (a) As a regular practice, sociologists share data and pertinent documentation as an integral part of a research plan. Sociologists generally make their data available after completion of a project or its major publications, except where proprietary agreements with employers, contractors, or clients preclude such accessibility or when it is impossible to share data and protect the confidentiality of the research participants (e.g., field notes or detailed information from ethnographic interviews).
- (b) Sociologists who place data in public archives do so in a form that is consistent with the interests of the research participants and protects the confidentiality of information.
- (c) Sociologists who do not otherwise place data in public archives keep data available and retain documentation relating to the research for a reasonable period of time after the publication or dissemination of results.
- (d) Sociologists may ask persons who request their data for further analysis to bear any associated incremental costs, if necessary, of preparing the data. If the initial design included data sharing plans, incremental costs may not be needed.
- (e) Sociologists take all reasonable steps to determine that appropriate consent has been obtained before they transfer personally identifiable data to others. Similarly, sociologists who receive data from others must determine that appropriate permissions were obtained.
- (f) Sociologists who use data from others for further analyses explicitly acknowledge the contribution of the initial researchers.

13. Plagiarism

Sociologists do not present others' work as their own, whether it is published, unpublished, or electronically available.

- (a) In publications, presentations, teaching, practice, and service, sociologists explicitly identify, credit, and reference the author(s) when they take data or material verbatim from their own or another person's written work, whether it is published, unpublished, or electronically available.

- (b) In their publications, presentations, teaching, practice, and service, sociologists provide acknowledgment of and reference to the use of their own and others' work, even if the work is paraphrased and not quoted verbatim.
- (c) While sociologists utilize and build on the concepts, theories, and paradigms of others, they may not claim credit for creating such ideas and must cite the creator of such ideas where appropriate. Citation is not necessary in the case of established concepts such as social class, role, etc.
- (d) In collaborative research projects, especially those with students and junior colleagues, the work of all collaborators must be identified and acknowledged appropriately.
- (e) While sociologists may have occasion to use portions of their own earlier published works, they should clearly acknowledge those portions, avoiding the appearance that they are new. This includes works translated into another language.

14. Authorship

Sociologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have made a substantial contribution.

- (a) In collaborative work, both within Sociology and across disciplines, research teams vary with regard to decisions about the order of authorship. Although there are alternate approaches (which may be explained in a footnote or acknowledgement), the default order of authorship in Sociology is based on the relative scientific or professional contributions of the authors.
- (b) When collaborative work substantially derives from a student's dissertation or thesis, the student is usually listed as first author.

15. Publication Process

Sociologists adhere to high ethical standards when participating in the publication and review processes as authors, editors, or reviewers.

15.1 Submission of Manuscripts for Publication

- (a) In cases of multiple authorship, sociologists confer with all other authors prior to submitting work for publication and establish mutually acceptable agreements regarding submission and the division of royalties, if any.
- (b) In submitting a manuscript to a professional journal, book series, or edited book, sociologists grant that publication first claim to publishing the manuscript except where explicit policies allow multiple submissions. Sociologists do not submit a manuscript to a second publication until after an official decision has been received from the first publication or until the manuscript is withdrawn. Sociologists submitting a manuscript for publication in a journal, book series, or edited book can withdraw a manuscript from consideration up until an official acceptance is made.

15.2 Responsibilities of Editors

- (a) When serving as editors of journals, book series, or other publications, sociologists are fair in the application of standards and operate without personal or ideological favoritism or malice. Editors strive to be cognizant of any potential conflicts of interest.

- (b) When serving as editors of journals, book series, or other publications, sociologists seek to ensure the confidential nature of the review process and supervise editorial office staff, including students, in accordance with practices that maintain confidentiality.
- (c) When serving as editors of journals, book series, or other publications, sociologists are obligated to publish all manuscripts accepted for publication unless major errors or ethical violations are discovered after acceptance of the manuscript (e.g., plagiarism or scientific misconduct).
- (d) When serving as editors of journals, book series, or other publications, sociologists make unbiased selections of reviewers who will be able to fairly evaluate a manuscript.
- (e) When serving as editors of journals, book series, or other publications, sociologists take reasonable steps to ensure the anonymity of reviewers unless they otherwise receive permission from reviewers to reveal their identity. Editors ensure that their staff conform to this practice.
- (f) When serving as journal editors, sociologists ensure the anonymity of authors unless and until a manuscript is accepted for publication or unless the established practices of the journal are otherwise.
- (g) When serving as journal editors, sociologists take reasonable steps to provide for the timely review of all manuscripts, prompt response to inquiries about the status of the reviews, and, once accepted, the timely publication of the manuscripts.

16. Responsibilities of Reviewers

- (a) Sociologists do not use or otherwise seek to gain from information or material received in a confidential context (e.g., obtained from reviewing a manuscript or serving on a proposal review panel), unless they have authorization to do so.
- (b) In reviewing material submitted for publication, grant support, or other evaluation purposes, sociologists adhere to the strict confidentiality of the process and respect the proprietary rights of the author(s).
- (c) Sociologists disclose conflicts of interest or decline requests to review the work of others where conflicts of interest are involved.
- (d) Sociologists may decline requests to review the work of others when they have questions about the integrity of the review process or about the integrity of the work to be reviewed.
- (e) If asked to review a manuscript, book, or proposal they have previously reviewed for another publication or funding source, sociologists make it known to the person making the request (e.g., editor, program officer) unless it is clear that they are being asked to provide a reappraisal.

17. Education, Teaching, and Training

As teachers, supervisors, and trainers, sociologists follow high ethical standards in order to ensure the quality of sociological education and the integrity of the teacher-student relationship.

17.01 Administration of Educational Programs

- (a) Sociologists who are responsible for education and training programs seek to ensure that the programs are competently designed, provide the proper experiences, and meet all goals for which claims are made by the program.

- (b) Sociologists responsible for education and training programs seek to ensure that there is an accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program.
- (c) Sociologists responsible for education and training programs take steps to ensure that graduate assistants and temporary instructors have the substantive knowledge required to teach courses and the teaching skills needed to facilitate student learning.
- (d) Sociologists responsible for education and training programs have an obligation to ensure that research and professional ethics are taught to their students as part of their preparation.

17.2 Teaching and Training

- (a) Sociologists conscientiously perform their teaching responsibilities. They maintain a high level of subject matter knowledge, have appropriate pedagogical skills, and ensure that courses are current, accurate, representative, and appropriate within the program of studies.
- (b) Sociologists provide complete and accurate information about their courses at the outset, particularly regarding the subject matter to be covered, the bases for evaluation, and the nature of course experiences.
- (c) Sociologists make decisions concerning textbooks and other assigned readings, course content, course requirements, and grading solely on the basis of educational criteria, without regard for financial or other incentives.
- (d) In accord with current legal statutes and institutional policies, sociologists protect the confidentiality of student records, performance, evaluation, and personal information, whether verbal or written, that is given in the context of academic consultation, supervision, or advising.
- (e) Sociologists provide proper training and supervision to their teaching assistants and other teaching trainees, and take reasonable steps to ensure that such persons perform those teaching responsibilities competently and ethically.
- (f) Sociologists do not permit personal animosities or intellectual differences with colleagues to foreclose students' or supervisees' access to these colleagues or to interfere with student or supervisee learning, academic progress, or professional development.
- (g) Sociologists are alert about entering into dual-role relationships with students in their classes. Such relationships are likely to detract from student development and lead to actual or perceived favoritism on the part of the teacher.

18. Contractual and Consulting Services

- (a) Sociologists undertake grants, contracts, or consultation only when they are knowledgeable about the substance, methods, and techniques they plan to use, or have a plan for incorporating appropriate expertise.
- (b) In undertaking grants, contracts, or consultation, sociologists base the results of their professional work on appropriate information and techniques.
- (c) In undertaking grants, contracts, or consultation, sociologists accurately document and appropriately retain their professional and scientific work.
- (d) In establishing a contractual arrangement for research, consultation, or other services, sociologists clarify, to the extent feasible, at the outset, the nature of the relationship with the individual, organizational, or institutional client. This clarification includes, as

appropriate, the nature of the services to be performed, the probable uses of the services provided, possibilities for the sociologist's future use of the work for scholarly or publication purposes, the timetable for delivery of those services, and compensation and billing arrangements.

19. Adherence to the Code of Ethics

Sociologists have an obligation to identify and attempt to resolve ethical issues according to this Code of Ethics. Sociologists are bound by the requirements of this Code of Ethics even when other laws and legal requirements are less stringent.

19.1 Familiarity with the Code of Ethics

Sociologists have an obligation to be familiar with this Code of Ethics and its application to their professional and scientific work. Lack of awareness or misunderstanding of an Ethical Standard is not, in itself, a defense to a charge of unethical conduct.

19.2 Confronting Ethical Issues

- (a) When sociologists are uncertain whether a particular situation or course of action would violate the Code of Ethics, they consult with other sociologists who are knowledgeable about ethical issues, with the ASA Executive Officer, the Committee on Professional Ethics (COPE), or with an authoritative body with expertise on the ethics of social science research such as an institutional review board.
- (b) When sociologists take actions or are confronted with choices in situations where there is a conflict between the Ethical Standards enunciated in the Code of Ethics and existing laws or legal requirements, they make known their commitment to the Code and take steps to resolve the conflict in a responsible manner. They consult with colleagues, the ASA Executive Officer, or the ASA Committee on Professional Ethics (COPE).

19.3 Fair Treatment of Parties in Ethical Disputes

- (a) Sociologists do not discriminate against a person on the basis of having made an ethical complaint.
- (b) Sociologists do not discriminate against a person based on having been the subject of an ethical complaint. However, this does not preclude taking action based upon the outcome of an ethical complaint.

19.4 Reporting Ethical Violations of Others

When sociologists have substantial reason to believe that there may have been a violation of these Ethical Standards by another sociologist, they may attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate or possible. Alternatively, they may seek advice about whether or how to proceed based on this belief, assuming that such activity does not violate any confidentiality rights. Such action might include referral to the ASA Executive Officer, or to the ASA Committee on Professional Ethics (COPE), institutional authorities, or legal authorities.

19.5 Cooperating with the Committee on Professional Ethics (COPE)

Sociologists cooperate in ethics investigations or proceedings of COPE, and any resulting requirements from the American Sociological Association. In doing so, they make reasonable efforts to resolve any issues of confidentiality. Failure to cooperate may itself be a violation of these Ethical Standards.

19.6 Improper Complaints

Sociologists do not file or encourage the filing of ethics complaints that are frivolous, made in bad faith, knowingly false, or knowingly intended to harm the alleged violator rather than to protect the integrity of the discipline and the public.

Sample Code of Ethics #2: American Geophysical Union

(PDF document begins on following page)

AGU SCIENTIFIC INTEGRITY AND PROFESSIONAL ETHICS

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I. EXECUTIVE SUMMARY¹

The purpose of the American Geophysical Union is to promote discovery in Earth and space science for the benefit of humanity. Scientific integrity and ethics are fundamental to scientific advancement and science cannot flourish without the respectful and equitable treatment of all those engaged in the scientific community. The AGU Scientific Integrity and Professional Ethics Policy is a set of principles and practices for professional behavior regarding the practice, learning, training, publishing, and communication of science which governs all AGU members, staff, volunteers, and non-members participating in AGU sponsored programs and activities. The Policy has been revised to include a new code of conduct that broadens the definition of professional misconduct to include discrimination, sexual harassment, and bullying. The revised Policy identifies standards for professional behavior and outlines processes for reporting and addressing violations.

Key provisions of this updated Policy important for all AGU members, staff, volunteers, contractors, and non-members who participate in AGU programs to be aware of include:²

- AGU leadership's affirmation of the international principle that the free, open, and responsible practice of science is fundamental to scientific advancement and human and environmental well-being;
- Definition of scientific misconduct to include code-of-conduct towards others;
- Definitions of discrimination, harassment (including sexual harassment) and bullying as it applies to this Policy;
- A higher standard AGU Volunteer Leader Code of Conduct;
- The extension of AGU Ethics Policy to cover participants in all AGU program activities, including Honors and Awards, and AGU governance;
- Self-reporting requirements for awardees and candidates for AGU elected position;
- Ethical guidelines for publication of scientific research;
- A clear and detailed process for reporting and investigating scientific misconduct;
- Special considerations for students (undergraduate and graduate) and student advisors; and
- Description of support mechanisms for issues that may not rise to the level of a formal ethics complaint.

The AGU Meetings Code of Conduct—with a different reporting, investigating, and response process—is included in Appendix B to this Policy.

II. PREAMBLE: AGU SCIENTIFIC CODE OF CONDUCT AND PROFESSIONAL ETHICS

The mission of the American Geophysical Union is to promote discovery in Earth and space science for the benefit of humanity. To accomplish this, we seek to galvanize a community of Earth and space scientists that collaboratively advances and communicates science to ensure a sustainable future.

The AGU Scientific Integrity and Professional Ethics Policy is a set of principles and practices for professional behavior that governs all AGU members, staff, volunteers, contractors, exhibitors, and sponsors. This Policy also includes any non-member who participates in an AGU program or activity. AGU sponsored programs and activities include, but are not limited to, AGU Meetings, Publications, Honors and Recognition, and Governance Programs, and all appointed, elected, and volunteer positions.

¹ Principles and code have been adapted with permission from the following sources:

- [The Singapore Statement of the World Integrity Conference.](#)
- [The Department of Interior Scientific and Scholarly Integrity Policy.](#)
- The Nuremberg Principles that have guided scientific integrity discussion since 1949.
- [International Council for Science Statute 5 – Principal of Universality.](#)
- [The Belmont Report on Biomedical Research in 1979.](#)

Additional scientific ethics policy guidance is provided in the National Academies of Sciences Engineering and Medicine's 2017 Report, [Fostering Integrity in Research](#), including recommended practical options for discouraging and addressing research misconduct and detrimental research practices.

² AGU Staff members are also covered by standards of behavior as described in the AGU Employee Handbook.

This updated Policy is intended to address ongoing issues within our scientific community that may not rise to the level of legal actions, yet have profound impact in our research workplace and on individual lives and careers.³ The AGU has a desire to act in establishing and enforcing code-of-conduct expectations, and to provide additional education and awareness on how to change culture and behavior and address such issues.

AGU leadership affirms the international principle that the free, open, and responsible practice of science is fundamental to scientific advancement and human and environmental well-being. As a member of the scientific community and enterprise, AGU also affirms its desire to foster and support a safe and professional environment in order to learn, conduct research, and communicate science with integrity, respect, fairness, trustworthiness, and transparency at all organizational levels and in all scientific endeavors. This includes all professional interactions within the scientific community and with members of the public. We recognize that failure to uphold these principles harms our profession, our scientific credibility, and the well-being of individuals and the broader community. The culture of science differs internationally, yet integrity must remain inviolate. It is the responsibility of all individuals covered under this Policy to ensure the integrity of our scientific practice and to work to prevent actions contrary to the spirit of the above principles.⁴

One of the goals of AGU is to educate and reinforce positive behavior in the scientific and learning environment, including the classroom, field settings, laboratory, industry, and professional meetings. These guidelines for scientific research and professional conduct hold no meaning if they are breached without consequence. Therefore, a process to guide the resolution of reported violations, and commensurate sanctions are important components of this Policy.

The following newly added Code of Conduct section of the Policy presents principles, responsibilities, a discussion of the special relationship between students and advisors, and a discussion of harassment, bullying, and discrimination—including definitions.

III. CODE OF CONDUCT

All AGU members are expected to aspire and adhere to the following standards of behavior:

A. Principles

Excellence, integrity, and honesty in all aspects of research

Personal accountability in the conduct of research and the dissemination of the results

Professional courtesy, equity, and fairness in working with others

Freedom to responsibly pursue science without interference or coercion

Unselfish cooperation in research

Good stewardship of research and data on behalf of others

Legal compliance in all aspects of research, including intellectual property

Humane approach in evaluating the implications of research on humans and animals

B. Responsibilities

1. Integrity: Members will act with honesty in the interest of the advancement of science, take full responsibility for the trustworthiness of their research and its dissemination, and treat others with courtesy, equity, and fairness.
2. Adherence to Law and Regulations: Members will be aware of and adhere to laws and regulations related to the professional conduct of research; to the AGU policy on publications, peer review, scientific integrity; and to professional ethics, law and policy related to discrimination, harassment, and bullying.

³ The AGU processes for addressing any claims of misconduct are outlined within this Policy to work within the law and remain strict in upholding principles of confidentiality and due process. When an allegation of misconduct involves activity that is against the U.S. code of law, or code of law in other respective regions, AGU will work with all appropriate authorities as needed and required to resolve the allegation.

⁴ The standards in this Policy are intended to educate members and program participants on conduct expectations, and are not intended to imply a legal obligation on the part of AGU with respect to the conduct of AGU members.

3. Research Methods: Members will employ research methods to the best of their understanding and ability, base conclusions on critical analysis of the evidence, and report findings and interpretations fully, accurately, and objectively, including characterization of uncertainties.
4. Research Records: Members will maintain clear, accurate records of research in ways that will allow verification and replication of their work by others.
5. Research Findings: Members will share data and findings openly and promptly, as soon as they have had an opportunity to establish intellectual property rights, if appropriate. Members will respect the intellectual property rights of others and adhere to [AGU Publications Data Policy](#), following best practices for data management, accessibility, and preservation.⁵
6. Responsibility: Members will take responsibility for the integrity of their contributions to all publications, funding applications, reports, and other representations of their research. Author credit should be given only to those who have made meaningful contributions to publications. Members will abide by [AGU Guidelines to authors](#).
7. Acknowledgment: Members will acknowledge the names and roles of those who made significant contributions (such as ideas and scientific discussion) to the research.
8. Peer Review: Members will adhere to AGU review policy and provide fair, impartial, prompt, and rigorous evaluations and will respect confidentiality when reviewing others' work. Members will welcome constructive criticism and be responsive to peer review.
9. Conflict of Interest: Members will disclose financial, personal, professional, and other conflicts of interest that could compromise the trustworthiness of their work on AGU committees, publications, research proposals, meeting presentations, and public communications as well as in all AGU honors and awards activities.
10. Public Communication: Members, when representing AGU, will limit professional comments to their areas of scholarly expertise when engaged in public discussions about the application and importance of research findings and will clearly distinguish professional comments from their opinions based on personal views.
11. Reporting Irresponsible Research Practices: Members will take responsibility to act or intercede where possible to prevent misconduct. The procedures of this Policy will be followed to report to AGU any suspected research misconduct, including fabrication, falsification, plagiarism, discrimination, harassment, bullying, or other irresponsible research practices that undermine the trustworthiness of research and a professional environment for the conduct of research
12. Environment: AGU members are responsible for creating and upholding a safe, open, and professional environment for learning, conducting, and communicating science with integrity, respect, fairness, trustworthiness, and transparency at all organizational levels and in all scientific endeavors.
13. Misconduct: AGU members will not engage in discrimination, harassment, bullying, dishonesty, fraud, misrepresentation, coercive manipulation, censorship, or other misconduct that alters the content, veracity, or meaning of research findings or that may affect the planning, conduct, reporting, or application of science. This applies to all professional, research, and learning environments. An expanded discussion of this topic appears below.
14. Societal Considerations: Members have an ethical obligation to weigh the societal benefits of their research against the costs and risks to human and animal welfare, heritage sites, or other potential impacts on the environment and society. Members need to be aware of legal requirements in this area.
15. Stewardship of the Earth: Members have an ethical obligation to responsibly, accurately, and clearly inform the public about natural resources, hazards, and other geoscience phenomena of importance to the well-being of Earth and society.

⁵ Additional guidance is found in the May 2017 AGU Position Paper, [The Rights and Responsibilities of Scientists](#).

C. Student–Advisor Relationship

The relationship between a graduate student and the graduate student advisor is a unique one in the research environment. This relationship carries extra demands for ethical behavior. Many graduate education programs issue guidance for its advisors and students to help provide heightened awareness on roles and responsibilities. Key principles include areas of sensitivity and concern such as these recommendations for graduate advisors:⁶

- promote an environment that is intellectually stimulating and free of harassment;
- be supportive, equitable, accessible, encouraging, and respectful;
- recognize and respect the cultural backgrounds of students;
- be sensitive to the power imbalance in the student–advisor relationship;

Students (undergraduate and graduate) and student advisors are encouraged to be aware of responsibilities of the advisor, the student, and the institution in these special circumstances.

D. Harassment, Bullying, and Discrimination

AGU members work to maintain an environment that allows science and scientific careers to flourish through respectful, inclusive, and equitable treatment of others. As a statement of principle, AGU rejects discrimination and harassment by any means, based on factors such as ethnic or national origin, race, religion, citizenship, language, political or other opinion, sex, gender identity, sexual orientation, disability, physical appearance, age, or economic class. In addition, AGU opposes all forms of bullying including threatening, humiliating, coercive, or intimidating conduct that causes harm to, interferes with, or sabotages scientific activity and careers. Discrimination, harassment (in any form), and bullying create a hostile environment that reduces the quality, integrity, and pace of the advancement of science by marginalizing individuals and communities. It also damages productivity and career advancement, and prevents the healthy exchange of ideas.

We affirm that discrimination, harassment (including sexual harassment), or bullying in any scientific or learning environment is unacceptable, and constitutes scientific misconduct under the AGU Scientific Integrity and Professional Ethics Policy. Such behavior should be reported and addressed with consequences for the offender, including but not limited to AGU sanctions or expulsion as outlined in this Policy. In addition, as part of AGU's commitment to providing a safe, positive, professional environment, [the SafeAGU Program](#) has been created to provide trained staff and volunteers to meeting attendees if they need to report harassment, discrimination, bullying or other safety/security issues during an AGU meeting, or to request confidential support when dealing with harassment-related issues that may not rise to the level of a formal ethics complaint.⁷

Each major AGU program—including Meetings, Publications, Honors, and Recognition, and AGU Governance—has or will have additional statements to address specific code of conduct expectations unique to their activities and consistent with this AGU Scientific Integrity and Professional Ethics Policy. If no such policy yet exists, the principles and processes for reporting, investigating and addressing potential code of conduct violations as outlined in this Policy will prevail. AGU leaders are held to additional standards as outlined further in the AGU Volunteer Leaders Section of this Policy.

E. Definitions⁸

Discrimination means unequal or unfair treatment in professional opportunities, education, benefits, evaluation, and employment (such as hiring, termination, promotion, compensation) as well as retaliation and various types of harassment. Discriminatory practices can be explicit or implicit, intentional, or unconscious. **Harassment** is a type of discrimination that consists of a single intense and severe act, or of multiple persistent or pervasive acts, which are unwanted, unwelcome, demeaning, abusive, or offensive. Offensive conduct constitutes harassment when 1) it becomes a condition of an opportunity, education, benefit, evaluation, or employment or 2) the conduct is severe or pervasive enough to create a work or educational environment that most people would consider intimidating, hostile, or abusive. These acts may include epithets, slurs, or negative stereotyping based on gender, race, sexual identity, or other categories, as protected by U.S. federal law. Also included are threatening, intimidating, or hostile acts; deni-

⁶ Extracted from the Pennsylvania State University College of Science's [Guidance for Advisor-Graduate Student Interactions](#). See also a [code of ethics for undergraduate research](#).

⁷ See also the AGU Meetings Code of Conduct in Appendix B.

⁸ For the purposes of this Policy, the definitions of harassment and discrimination apply in addition to any legal definitions as provided in US Code of Law, and are modified from the [American Sociological Association definition of harassment](#) and the [EEOC definition of harassment](#).

grating jokes and displays; or circulation of written or graphic material that denigrates or shows hostility or aversion toward an individual or a group. **Sexual harassment** includes any unwanted and/or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. **Bullying** is the use of force, threat, or coercion to abuse, intimidate, or aggressively dominate others in the professional environment that involves a real or perceived power imbalance. These actions can include abusive criticism, humiliation, the spreading of rumors, physical and verbal attacks, isolation, undermining, and professional exclusion of individuals through any means.⁹

IV. AGU VOLUNTEER LEADER CODE OF CONDUCT

AGU volunteer leaders are the public face and ambassadors of AGU. They have unique responsibilities to uphold ethical and professional standards of conduct as individuals when participating in AGU affairs and/or representing AGU in an official capacity.¹⁰ In addition to adhering to the AGU code of conduct for its members, AGU volunteer leaders are expected to do the following:

1. Hold themselves to the highest standard of professional behavior, with honesty and integrity, and treat others with equity, fairness, and respect.
2. Conduct themselves in a professional and ethical manner when participating in AGU meetings and events and when representing AGU in an official capacity.
3. Act in the best interest of AGU rather than in furtherance of personal or third-party interests.
4. Comply with all laws and regulations in conducting AGU work and comply with all laws and regulations in their professional work that, if violated, could damage the reputation and credibility of AGU.
5. Understand and comply with AGU's policies and procedures related to conflict of interest, reprisal, discrimination, harassment, and bullying.
6. Understand and comply with AGU bylaws and governing policies and procedures.
7. Understand and comply with the codes of conduct that pertain to their service as members of the AGU Board, Council, or committees.
8. Report any suspected violations of the AGU code of conduct by an AGU volunteer using the procedures established in this Policy.
9. Act solely within the authority granted by virtue of their AGU volunteer position.
10. Maintain the confidentiality of any proprietary or privileged information about the AGU, its members, AGU partners, or other constituents.

V. SCIENTIFIC MISCONDUCT¹¹

All AGU members, as a condition of membership, will abide by the codes of conduct and professional ethics set forth in this Policy. Engaging in activities counter to this Policy can directly damage the integrity of the research process and of AGU and affects public trust in science. Damage to the progress of Earth and space science is harmful to all who are engaged in this pursuit and to the fundamental purposes of AGU. The Union reserves the right to undertake investigation and appropriate action when an allegation of scientific misconduct (1) is directly connected to an AGU activity, (2) may impact AGU's reputation or integrity, or (3) may impact the credibility of the Earth and space sciences.

The term "scientific misconduct" used in this Policy includes violations of the scientific codes of conduct and professional ethics as provided earlier in this document in the Code of Conduct section. Additionally, "scientific misconduct"

⁹ Microaggression is another term sometimes used in describing unwelcomed behavior against underrepresented groups. Psychologists have defined microaggression as brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership. See: Paludi, Michele A. (2012). *Managing Diversity in Today's Workplace: Strategies for Employees and Employers*. ISBN 0-313-39317-6.

¹⁰ The ethical conduct for AGU staff is explicitly defined in the AGU Employee Handbook.

¹¹ Adapted from the AGU Policy on Misconduct with additional text from the [U.S. Federal Policy on Research Misconduct](#) and the Department of Interior [Scientific and Scholarly Integrity Policy](#).

encompasses the formal definition of research misconduct from the Federal Policy on Research Misconduct given below:¹²

- **Fabrication** is making up data or results and recording or reporting them.
- **Falsification** is manipulating research materials, equipment, or processes or changing or omitting data or results such that the research is not accurately represented in the research record.
- **Plagiarism** is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

A finding of scientific misconduct related to **fabrication**, **falsification** or **plagiarism** requires that:

1. There is a significant departure from accepted practices of the relevant research community; and
2. The misconduct be committed intentionally, or knowingly or recklessly; and
3. The allegation must be proven by a preponderance of evidence.

New methodologies or innovative approaches are not considered significant departures from accepted practice. Scientific misconduct does not include errors of judgment; honest errors in the recording, selection, or analysis of data; or differences in opinions involving the interpretation of data. Fabrication does not include documented use of modeling or statistical techniques.

In AGU activities, scientific misconduct also extends to the following actions: covering up or concealing scientific misconduct, reprisals against those who report scientific misconduct (i.e., whistleblowers), malicious allegations of scientific misconduct, and violations of due process protections in handling allegations of scientific misconduct. Individuals who make false allegations, or make allegations of ethics code breaches in bad faith, will be subject to the same misconduct standards and recourse outlined in this Policy.

Scientific misconduct also includes unethical and biased treatment of people, in a professional setting and while participating in scientific programs, as identified in the Code of Conduct section of this Policy. Included are actions such as discrimination, harassment, and bullying. These actions violate AGU's commitment to a safe and professional environment required to learn, conduct, and communicate science with integrity, respect, fairness, trustworthiness, and transparency at all organizational levels and in all scientific endeavors.

When representing AGU in an official capacity, members and officers will uphold all laws and regulations and abide by the highest standards of professional and personal conduct. Therefore, AGU also considers the following behavior with respect to AGU activities to be so serious that violations will be considered a breach of professional ethics and investigated utilizing the procedures in this Policy:

1. Misrepresenting oneself as an official of the Union or as having authorities or honors conferred by the Union beyond those one actually possesses.
2. Misuse of AGU's name, funds, activities, or resources for non-approved purposes.
3. Unauthorized solicitation of funds or resources under the auspices of AGU.
4. Using AGU funds and resources without proper authorization and attribution or in a manner not commensurate with AGU corporate and organizational relationship policies.

All AGU members will disclose as appropriate the financial, personal, professional, and other conflicts of interest that could compromise the trustworthiness of their work on AGU committees, publications, research proposals, meeting presentations, and public communications as well as in all honors and awards activities. Conflict of interest is defined as any financial or nonfinancial interest that conflicts with the actions or judgments of an individual when conducting scientific activities because it

1. could impair the individual's objectivity,
2. could create an unfair competitive advantage for any person or organization, or
3. could create the appearance of either item listed above.¹³

¹² The listed definitions of scientific misconduct apply to all AGU members, including those who reside outside the United States.

¹³ [NOAA Administrative Order on Scientific Integrity \(2011\)](#).

VI. ETHICAL GUIDELINES FOR PUBLICATION OF SCIENTIFIC RESEARCH¹⁴

A. Overview

AGU aspires to select and publish, through peer review, the highest quality Earth and space science research. To achieve this, the peer review process must be objective, fair, and thorough. The ethical basis for this aspiration is absolute trust and honesty among Editors, authors, researchers, reviewers, and funding agencies. Decisions about a manuscript should be based only on its importance, originality, clarity, and relevance to the journal's scope and content.

Every Editor of an AGU journal has the responsibility to establish and maintain guidelines that adhere to the highest ethical standards set forth in this document for selecting and accepting papers submitted to that journal. Every submitting author, coauthor, and reviewer has specific responsibilities in these activities, as well as the overall responsibility as members of the profession for respecting codes of conduct. Lastly, the AGU Board and Council have responsibility to ensure the independence of the Editors and provide agreed-upon support so that the quality of publications is not compromised.

In Earth and space science, the growth of global collaborations, the public immediacy of many research results, and the implications for individuals and societies result in major ethical responsibilities for Editors, authors, reviewers, and the AGU Board and Council. These guidelines outline respective common sense ethical guidelines to ensure and sustain the trust of the public and the scientific community in the integrity of the science and of the published works in AGU journals. Authors, editors, and reviewers are urged to stay updated on guidance from the [Committee on Publication Ethics](#) and the [Coalition for Publishing Data in the Earth and Space Sciences](#).

B. Ethical Obligations of Editors of Scientific Journals

To uphold integrity in the AGU publishing process, AGU Editors are expected to do the following:

1. Provide unbiased consideration to all manuscripts offered for publication, judging each on its merits without regard to ethnic origin, race, religion, citizenship, language, political or other opinion, gender, gender identity, sexual orientation, disability, appearance, age or economic class seniority, or institutional affiliation of the author(s).
2. Process all manuscripts promptly, with fairness, equity, and respect.
3. Take full responsibility for acceptance or rejection of a manuscript, working in the best interest of science and excellence and utilizing the recommendations of peer reviewers. Manuscripts may be rejected without review if considered inappropriate for the journal, and Editors may consult with Associate Editors or reviewers to aid in this decision.
4. Ensure the peer review process is objective, fair, and thorough. Be vigilant in avoiding conflict of interest, bias, discrimination, harassment, bullying or ad hominem attacks among reviewers and authors.
5. Never disclose information about a manuscript under consideration to anyone other than those from whom professional advice is sought. An Editor may disclose manuscript titles and names of authors of papers that have been accepted for publication.
6. Respect the intellectual independence of authors. Results that are at variance with the dominant paradigm, as well as null results, should be given full and equal consideration based upon the criteria of importance, originality, clarity, and relevance.
7. Fully delegate responsibility of a manuscript to another Editor or Associate Editor to avoid conflict of interest. This includes manuscripts authored by the Editor, manuscripts authored by scientists with whom the Editor has a close relationship, or when a manuscript is so closely related to the research of an Editor as to create a conflict of interest.

¹⁴ This section draws on the following:

- Statement by publisher [Taylor and Francis UK](#).
- Publication Ethics for [Medical Journals of the World Association of Medical Editors](#).
- The Council of Scientific Editors [White Paper on Promoting Integrity in Scientific Journal Publications](#) by CSE Editorial Policy Committee 2008-9.
- The Committee of Publication Ethics [flowcharts](#) and [Code of Conduct for Journal Editors](#).

8. Never use unpublished information or interpretations from a submitted manuscript for their own or a reviewer's own research, except with the consent of the author.
9. Quickly facilitate publication of errata to correct erroneous information in a published report.

C. Ethical Obligations of Authors and Contributors

To contribute the highest quality science to AGU publications, authors are expected to do the following:

1. Present a precise and accurate account of the research performed and a clear, objective discussion of its significance.
2. Include sufficient detail and reference to sources of information in a manuscript to permit the author's peers to repeat the work. If there are any limitations on use of or access to data, these must be clearly identified.
3. Identify sources of all information and cite those publications that have been influential in determining the nature of the reported work and that guide the reader quickly to the primary and other earlier work essential for understanding the present investigation. Information obtained privately, as in conversation or correspondence, should not be used or reported without explicit permission from the source. Proper credit should also be given to holders of indigenous knowledge.
4. Carefully document methodology, assumptions, and uncertainty.
5. Follow the most recent acknowledged governing standards for ethics of work done with human or animal subjects.¹⁵
6. Never plagiarize the work of others or your own work. Always provide appropriate citation.
7. Avoid unnecessary fragmentation or redundant publication of research reports to artificially increase the number of publications.
8. Never include personal criticism in a written piece of work.
9. Report to the Editor any changes made to the manuscript after acceptance.
10. Include as coauthors only those persons who have made significant scientific contributions to the work, and determine order of authorship in a manner appropriate to the contribution. Pay careful attention to inclusion and appropriate attribution of student work. All coauthors share responsibility for the quality and integrity of the submitted and published manuscript.
11. Reveal to the Editor any potential conflict of interest that might be affected by publication of the results contained in a manuscript or in the development of the research.
12. In the role of corresponding author, ensure that all coauthors are fully cognizant of the steps and changes in the manuscript during the review and that all authors agree to the final version of the manuscript.¹⁶

D. Ethical Obligations of Reviewers of Manuscripts

To ensure the highest quality science in AGU publications, reviewers are expected to do the following:

1. Provide clearly written, unbiased feedback in a timely manner on the scholarly merits and scientific value of the work, together with a documented basis for the reviewer's opinion. Judge the paper on its merits without regard to personal bias, ethnic origin, race, religion, citizenship, language, political or other opinion, gender, gender identity, sexual orientation, disability, appearance, age, or economic class, seniority, or institutional affiliation of the author(s).
2. Thoroughly address all review criteria provided by the journal.
3. Decline to review manuscripts for which the reviewer lacks sufficient time, is not qualified, or has a conflict of interest with any of the authors, including personal or competitive relationships.

¹⁵ See the Belmont Report: [Ethical Principles and Guidelines for the Protection of Human Subjects of Research](#), 1979.

¹⁶ Authorship obligations as described in the above statements in general, and especially in statements 9-12, also apply to authors' obligations in submitting research abstracts, and in oral and poster presentations at meetings.

4. Explain and support judgments adequately so that Editors and authors may understand the basis of their comments. Any statement by a reviewer on an observation, derivation, or argument that has been previously published should be accompanied by the relevant citation.
5. Provide citations to relevant work by other scientists as appropriate.
6. Alert the Editor to any significant similarity between the manuscript under consideration and any other published paper or manuscript submitted concurrently to another journal. Report any plagiarism or the appearance of plagiarism.
7. Never use or disclose unpublished information, arguments, or interpretations contained in a manuscript under consideration, except with the consent of the author.
8. Never include personal criticism of the author in reviewing a manuscript.

E. Ethical Obligations of Authors Publishing for the Public

Any communication of research to the public, including social media communications such as blogs and related platforms, should adhere to the same levels of accuracy and empirical support for results as do scientific communications. Authors writing for the public are expected to do the following:

1. Maintain accuracy of the science when using common words or simplifying concepts to be understood.
2. Announce a discovery to the public only when the experimental, statistical, or theoretical support for it is of sufficient strength to warrant publication in the scientific literature. Ensure submission of such work as quickly as possible.
3. Maintain scientific accuracy while using analogies that are emotionally compelling or that relate to popularly understood concepts or themes.

F. Ethical Obligations of AGU Toward Its Editors

To maintain honesty and trust in the AGU publishing process, the officers, and staff of AGU are expected to do the following:

1. Fully inform AGU journal Editors of their responsibilities, authorities, terms of appointment, and mechanisms for resolving conflict.
2. Never interfere in the evaluation, selection, or editing of individual articles, and respect that Editors have authority over the editorial content of the journal, generally referred to as “editorial independence.”
3. Support editorial decisions made based on the clarity, originality, importance, and relevance to the journal’s audience including manuscripts that are critical of the current paradigm or that may be contrary to the published statements of AGU.
4. Protect the editorial, peer review, and publishing process from influence of commercial interest, personal self-interest, political influence, or other nonscientific influences.
5. Responsibly use the right to appoint and terminate Editors. Cause for dismissal should be for substantial reasons such as scientific misconduct, irresponsible decisions, personal behavior contrary to the ethical standards of the profession, or failure to fulfill responsibilities as Editors.

VII. AGU PROCESS FOR INVESTIGATING COMPLAINTS UNDER THIS POLICY

A. General Process for Filing and Investigating Allegations of Misconduct

1. Scope of the Process

Allegations of scientific misconduct may be submitted to AGU when the alleged action is directly connected to a program operated under the direction of the Union including its publications, presentations, and meetings as defined in the Preamble. When an allegation received by AGU also involves U.S. federally funded research and meets the federal definition of research misconduct (included in this Policy), AGU will follow the reporting requirements of the Policy on Federal Research Misconduct. When an allegation of misconduct involves activity that is against the U.S. code of law,

or the code of law in other respective regions, AGU will work with all appropriate authorities and home institutions as needed and required to resolve the allegation. Such authorities include but are not limited to (1) research, business, governmental, and academic institutions; (2) U.S. civil and criminal courts, or (3). police and other enforcement bodies.

AGU recognizes that an allegation of scientific misconduct is not, in and of itself, proof of scientific misconduct. AGU recognizes that an allegation does, however, bear the potential to damage professional credibility and cast doubt on the entire career of an accused party. Depending on the nature of the complaint, AGU will aim to observe confidentiality to the extent possible with conducting an appropriate investigation, up until the investigation process has been completed and a ruling by the governing body has been made, at which point confidentiality may or may not be preserved, depending on the case and the findings. Notwithstanding the foregoing, AGU President and the AGU Chief Executive Officer reserve the right to publicly comment on AGU ethics complaints and investigations in its reasonable discretion and if in furtherance of the best interests of AGU.

This process also supports the authority of the Editors and the Publication and Meetings committees who have the primary responsibility to ensure that the AGU publication record reflects appropriate standards and best practices in scientific scholarship in the Earth and space sciences.

It is the intent of this AGU process to determine whether a violation of the principles outlined here has occurred and to decide on appropriate sanctions. It is not the intent of this process to correct poor research or poor scholarship except to the degree that the AGU published record may need to be corrected. A flow chart depicting the below described AGU process for investigating scientific misconduct is found in Figures A1 and A2, in Appendix A of this report.

2. Involved Parties

The designated senior AGU staff member for ethics and the *Chair of the Ethics Committee* coordinates AGU's investigations of scientific misconduct. The past Past-President of AGU will serve as the Chair, unless an alternate appointment is made by the AGU President.

The *Ethics Committee* reports to the Board of Directors and is responsible for investigating allegations that are deemed by the designated senior AGU staff member for ethics and the Chair of the Ethics Committee to be substantial and thereby require investigation. The Ethics Committee will be appointed as needed, with membership selected based on the nature of the case or allegation. The Chair will name one of the committee members as the Vice Chair to assist and serve as Chair in the event of conflict of interest, or if the Chair cannot serve for other reasons. Because of their other substantial responsibilities, AGU committee chairs should not be considered for nomination. The designated senior AGU staff member for Ethics will work with the Chair of the Ethics Committee to review nominations and finalize the recommended membership of the Ethics Committee.

The *Board of Directors* has the final authority to determine what actions will be taken if an allegation of scientific misconduct is found to be substantiated.

The *Complainant* is the individual who registers the allegation with AGU. The complainant need not be an AGU member.

The *Respondent* is the individual(s) against whom the allegation is made. The Respondent must be an AGU member or, an author of an AGU publication or presentation, or an AGU meeting attendee.

3. Responsibilities

The designated senior AGU staff member for Ethics and the Chair of the Ethics Committee serve as the point of contacts for receiving allegations of scientific misconduct. They conduct an initial evaluation of the allegation to determine if a full investigation is required. If so, the Chair will coordinate with the designated senior AGU staff member for Ethics to notify the AGU President to assure a committee is appointed in a timely fashion to conduct an investigation—the results and recommendations of which will be forwarded to the Board of Directors for final action. The committee composition will reflect the nature of the allegation. The designated senior AGU staff member for Ethics and the Chair will ensure that all procedures and due process as described in Section 4 are followed.

The Board of Directors will review the findings and recommendations and make a final determination of what actions are to be taken.

If the allegation of scientific misconduct is substantiated, the Board of Directors will determine AGU's response to it and whether and under what circumstances other organizations need to be informed of the infraction.

4. Procedure

(a) Reporting an Allegation

AGU ethics program staff members are committed to listening to and addressing complaints and to guiding victims through options confidentially before she or he decides how to proceed, including details for potential informal solutions or a formal complaint.

Formal allegations regarding scientific misconduct by AGU members, staff, or others in connection with AGU activities (publications, meetings, governance, honors, and other official duties) must be submitted in writing either directly to the Chair of the Ethics Committee or to ethics@agu.org. Formally submitted allegations receive an initial review by the senior AGU staff member responsible for ethics and relevant parties are informed to allow for further assessment of evidence presented, including a determination of scope and next steps. Whenever possible, allegations are addressed and resolved at an AGU program level (for example, publications, meetings, honors and awards, etc.). Allegations that cannot be resolved through an informal mechanism, such as SafeAGU, or at an AGU program level are referred to the officially designated AGU Senior Staff member for Ethics, and the Chair of the Ethics Committee.

The allegation must contain the following information:

1. The name and affiliation of the person(s) submitting the allegation and the name and identifying information of the person(s) alleged to have committed the scientific misconduct.
2. A description of the allegation that includes the date and circumstances of the alleged misconduct.
3. Any documents or other relevant items (such as data, scientific papers, memos, diaries, etc.) with annotation showing specifically how the item relates to the allegation.
4. An explanation of how the allegation relates to scientific misconduct as defined in this Policy.
5. A statement explaining any conflict(s) of interest the person making the allegation has with the subject(s), entity(ies), or situation(s) named in the allegation. A conflict of interest does not preclude the filing of an allegation.

Allegations may be returned if they do not contain the above information. It is advisable for anyone experiencing unacceptable behavior to keep detailed records of such incidents,

including dates and names of any potential witnesses. Allegations may be submitted via e-mail to ethics@agu.org, or in writing to the following:

Chair of the AGU Ethics Committee
2000 Florida Ave., NW
Washington, DC 20009-1277, USA

(b) Procedure for Preliminary Investigation

Upon receipt of an allegation, the designated senior AGU staff member for Ethics or the AGU Ethics Chair will notify the AGU President and Chief Executive Officer within 10 business days that an allegation has been received. The designated senior AGU staff member for Ethics will also acknowledge receipt of the allegation to the complainant within 10 business days. The designated senior AGU staff member for Ethics is responsible for ensuring the President and Chief Executive Officer are kept informed on a need-to-know basis throughout the investigation process.

The designated senior AGU staff member for Ethics and the AGU Ethics Chair will review the material and determine either item a or item b (below) to the AGU President within 15 business days of receipt of the allegation:

- a) does not constitute scientific misconduct as defined by AGU and no further action is warranted, or
- b) appears to constitute scientific misconduct as defined by AGU and may require use of an Ethics Committee for further investigation. Approval by both the designated senior AGU staff member for Ethics and the Chair of the Ethics Committee is required to initiate an AGU ethics investigation.

The AGU President will be notified if an Ethics Committee appointment is needed, or if an AGU ethics investigation is initiated by AGU.

If the AGU President and Ethics Committee agree that the allegation does not constitute scientific misconduct as defined by AGU, then the complainant will be notified immediately by the Chair of the Ethics Committee and the allegation dismissed.

If the designated senior AGU staff member for Ethics and the Ethics Chair agree that the allegation may constitute scientific misconduct, then the Ethics Chair will provide notification to the respondent and complainant, an investigating Ethics Committee will be appointed by AGU President, and the appointed Ethics Committee will begin an investigation. If the respondent admits to the alleged scientific misconduct at any time during the procedure, the investigation will be halted and the Ethics Committee will prepare recommendations to the Board of Directors for actions and or sanctions to be taken.

If the allegation involves U.S. federally funded research, meets the federal definition of research misconduct provided in this Policy, and AGU determines there is sufficient evidence to proceed to an investigation by the Ethics Committee, the home institution will need to be notified, and a determination made by the Ethics Chair, whether the investigation will be carried out by the home institution, by AGU, or jointly.

After filing a complaint with AGU or with their home institution, a complainant may request that AGU provide protections from harassment, discrimination, or bullying at AGU activities. Such actions may include, but are not limited to: barring the respondent from a complainant's talk, barring a respondent from an AGU activity, or providing the complainant with an escort during AGU activities. If the complaint goes to a full investigation at AGU or at the home institutions, AGU may consider further actions. [The SafeAGU program](#), referenced earlier in this Policy, may also provide similar protections (such as providing an escort for AGU activities, or other steps deemed necessary to assure member safety) for harassment-related concerns that fall short of a formal ethics complaint.

In some cases, an allegation may be resolved informally, such as through an apology and assurance that the action will not happen again (especially in cases of the respondent unknowingly causing offense), or may best be resolved through mediation between the Complainant and the Respondent. They, or the Chair of the Ethics Committee, may make a recommendation for mediation at any time during the investigation process, or as a final resolution after an investigation is completed.

(c) Procedure for Investigation

The Committee has 90 days to complete its investigation, but may ask for an extension of time from the AGU President if needed. If the internet and conference calls are to be used as part of the panel operations, adequate security and confidentiality of the proceedings must be taken. Additional members may be added to a specific investigation to provide subject matter expertise pursuant to the allegation.

1. The Chair of the Ethics Committee will consult with the Committee to determine the schedule of the investigation and make assignments regarding specific actions to be undertaken by the Committee members. All procedures will be conducted under strict confidentiality.
2. The Chair of the Ethics Committee will formally notify the complainant and respondent in writing that an allegation has been received and will be investigated and will provide an approximate timetable and description of the investigation.
3. Collection of information, evaluation of the allegation, and interaction with the Complainant and the Respondent will be conducted. A video conference, teleconference or a face-to-face meeting may be held at AGU HQ (or other mutually agreed upon location) of the full Committee. Both the Complainant and the Respondent will be invited to separate meetings with the Committee and may attend via teleconference or video conference. All information that has been collected by the committee will be forwarded to both the Complainant and the Respondent no later than 5 business days before the meeting, so that all parties may evaluate it. The Complainant and Respondent may also provide written statements from themselves or others as part of the proceedings 5 business days before the meeting. During the meeting:
 - a) the Ethics Committee will summarize the allegation and associated evidence of scientific misconduct, and
 - b) the Respondent will be given the opportunity to respond to the allegations. The Committee, in Executive Session, will then consider all the evidence presented, make a finding as to whether scientific misconduct has occurred, and recommend a response by AGU.

4. The finding and recommendation of the Ethics Committee will be forwarded to the Board of Directors in a report prepared by the Ethics Committee and submitted by the Chair. The report should be a clear, complete, and final determination of all charges. At a minimum, the report will include the following: (1) summary of the alleged scientific misconduct, (2) summary of the fact-finding activities of the committee, (3) discussion and conclusion of the fact finding, (4) recommendations for actions and or sanctions to be taken, and (5) appendices as needed containing supporting documents and written statements.

A Respondent may retain the services of an attorney at their own cost. AGU may also retain services of an attorney if it deems this necessary. If an attorney is needed, as determined by the Ethics Committee, the Board of Directors should ensure adequate resources are available to secure the necessary legal services.

(d) Review by the Board of Directors

The Board of Directors, in Executive Session at its next scheduled meeting, will review findings and recommendations submitted by the investigating Ethics Committee. The Board of Directors may accept or reject the Ethics Committee's recommendations of actions to be taken, but may not reject the conclusions (findings) of the Ethics Committee. However, the Board can request additional investigation which the Ethics Committee will have up to 90 days to conduct. The action by the Board of Directors will be summarized in a report for the record and a copy forwarded to the Ethics Committee. The Board will notify the Chair and the Respondent and the Complainant of its decision within 10 business days of the Executive Session.

5. Sanctions

If a finding of scientific misconduct has been made, the Board of Directors will decide the action to be taken. These may include appropriate sanctions, the period over which the sanction will be in effect, correction of the publication record, and/or recommendations for education or training. Sanctions, in increasing severity, may include but are not limited to the following:

- a) Written reprimand or warning.
- b) Removal from AGU volunteer position.
- c) Publication of "errata" notices.
- d) Withdrawal/retraction of presentations, publication, or posters.
- e) Placement of an author or reviewer on an AGU Editor's watch list.
- f) Notification to other journals
- g) Suspension from publishing in AGU journal(s) for a specific period, including permanently.
- h) Suspension from making presentations at AGU sponsored meeting(s) for a specific period, including permanently.
- i) Suspension of membership.
- j) Permanent expulsion from AGU.
- k) Denial or revocation of honors and awards.
- l) Notification to respondent's home institution.
- m) Publication/notification to members of incident in *Eos* or other AGU publication.
- n) Public statement regarding the scientific misconduct.

When an AGU member is sanctioned by another organization for scientific misconduct or convicted of criminal activity, the AGU Board may consider its own sanctions related to membership, attendance at AGU programs, and publishing with AGU.

The AGU Ethics Committee may recommend or the Board of Directors may consider additional sanctions for a Respondent or Claimant if it determines that either party has made deliberately false or misleading statements to the Committee or to the public related to an AGU ethics case, either while the case is open or after it closes.

All members are required to self-report if they are currently under investigation or have been convicted of scientific misconduct, or a serious criminal activity that violates the AGU ethics code, when they are nominated for an AGU committee or office, or selected to receive an AGU award. Nominations for awards and recognition will include a statement that to best of knowledge of the nominator, the nominee is not currently under investigation and has not been convicted of scientific misconduct or criminal activity. A member may request in writing from the AGU Board an exemption from this reporting requirement when the violation is older than 10 years, steps have been taken to mitigate the violation (through such actions as education, supervision, or settlement), or there are other mitigating circumstances that the AGU Board should consider.

6. Appeals

Once the Board of Directors has decided actions to be taken against the Respondent, the Respondent has thirty (30) days to file an appeal of the sanction and/or the finding. An appeal must be based on new evidence or reconsideration of evidence and include a narrative justification for the appeal. The Board of Directors will meet in Executive Session at its next scheduled meeting to review the appeal and sustain or revise its decision on the sanction or refer the appeal to the Ethics Committee for reconsideration of the finding.

That action will be documented for the record and will be communicated to the

Respondent and the Ethics Committee within 10 working days following the Board of Directors meeting. The Ethics Committee may then have up to 90 days to reconsider the finding and any new evidence from the Respondent. If necessary, the Ethics Committee may ask the Board for an extension of time for gathering additional information.

7. Interactions with Other Institutions

It is recognized that AGU members may be governed by the ethical and scientific integrity policies of other institutions (such as professional societies, governmental agencies, research institutions) or by governmental laws such as the U.S. Federal Research Misconduct Policy. When reporting, investigating, or resolving instances of scientific misconduct, members and the AGU Ethics Committee should consider the following:

- a) Other institutions may need to be notified or involved in resolving the allegation. When an allegation involves U.S. federally funded research, meets the federal definition of research misconduct provided in this Policy, and AGU determines there is sufficient evidence to proceed to an investigation by the Ethics Committee, then the home institution must be notified and a determination made by the Ethics Chair, whether the investigation will be carried out by the home institution, by AGU, or jointly.
- b) If the same allegation is already being investigated by a Respondent's home institution, AGU may wait until that investigation is complete and the issue has been resolved before undertaking its own action, if any action is deemed necessary; or AGU may collaborate with the other institution in the investigation.
- c) Notification of an institution, an external (non-AGU) journal, or the public of a finding of scientific misconduct should be considered only in the most serious of violations or when required by law.

8. Conflict of Interest

Real or apparent conflicts of interest must be avoided in all actions by the Ethics Committee, the Ethics Committee Chair, the subject matter experts retained by the Committee, and the Board of Directors during an investigation. To this end, members of the relevant committee must recuse themselves from participation in the investigation if they are from the same institution (for institutions with multiple campuses this applies only to the same physical campus), have worked closely with, have a personal relationship with, or are related to either the Complainant or Respondent.

9. AGU Statute of Limitations

It is preferred that allegations of misconduct be made within one year of the incident taking place or within 60 days of the discovery of the incident, so that a timely investigation may be carried out. However, the AGU, at its discretion, may investigate older incidents on a case-by-case basis. The shorter the period between incident and report helps greatly in the ability to investigate and bring proper remedy to a case. All allegations of misconduct will be considered on a case-by-case basis; and, there is no absolute AGU statute of limitation for considering ethical breaches.

B. Allegations of Scientific Misconduct During Submission and Review for AGU Publications¹⁷

1. Scope of the Process¹⁸

Editors have an important role in the prevention and remediation of scientific misconduct during the editorial process. During the review of a manuscript, allegations of scientific misconduct may arise. These allegations may deal with plagiarism, authorship, misrepresentation, fabrication of data or results, and falsification of data and results. Some of these allegations may be more readily handled within the editorial process by the Editor such as allegations of plagiarism brought by a peer reviewer that can be readily resolved by working with the author. Other cases may need to be brought to the attention of the Ethics Chair, for example, an allegation from an author surrounding bias in peer review or rejection of a manuscript. At any time, an Editor, peer reviewer, or author may bring an issue of scientific misconduct to the Ethics Chair when they feel it cannot be resolved through the editorial process. The Ethics Chair will consult with the AGU President on the need to appoint an Ethics Committee for follow-up investigation.

2. Involved Parties

The editorial structure of AGU journals may include the Editor-in-Chief, Editors, and Associate Editors. Authors are those listed on the publication and include the senior authors as well as coauthors. Reviewers are those requested by the editorial structure of a journal to review a manuscript that has been submitted for publication to an AGU journal. The Publications Committee is an AGU committee that is responsible for oversight of AGU publications.¹⁹

3. Responsibilities

All Editors, authors, and peer reviewers are responsible for maintaining the highest standards of ethics and integrity in the writing, editing, and publication process. The responsibilities of Editors, authors, and peer reviews are defined in detail by the Publications Committee.²⁰

4. Process

Ethical guidelines for the publication of scientific research and the obligations of Editors, authors, and reviewers are provided in this Policy. To the extent possible, issues of scientific misconduct should be resolved amongst the author, the journal editorial structure, and the reviewers. This does not preclude the submission of a formal allegation to AGU using the process described in Section A of this Policy by a member of the editorial structure, an author, or a reviewer. An author may also file a rebuttal if he or she feels the allegations of an Editor or peer reviewer are unfounded.

Once a manuscript has been published, any allegations of scientific misconduct related to the publication should be dealt with by the Ethics Chair and the Ethics Committee to be appointed as needed.

5. Sanctions

Editors should work with authors and reviewers to resolve allegations where possible. If the Editor finds that an allegation is true, they may reject the manuscript and/or refer the allegation to the Ethics Chair and an Ethics Committee to be appointed by the AGU President.

6. Appeals

An author may appeal the decision by an Editor to reject a manuscript on the basis of scientific integrity or professional ethics. Such an appeal will be forwarded to an appointed Ethics Committee for resolution.

¹⁷ This process is a subset of the immediately prior Part A: General Process for Allegations of Scientific Misconduct

¹⁸ [Dual and Prior Publication Policy](#); [Scientific Integrity and Professional Ethics in AGU Publications](#); [Permissions Policy](#); [Text Requirements](#).

¹⁹ [Publications Committee](#).

²⁰ See also [Publishing Guidelines](#).

VIII. INDEPENDENT ACTION BY THE BOARD OF DIRECTORS

In cases where the Board of Directors believes that immediate action must be undertaken because of the seriousness of the incident or where the reputation of AGU is at stake, they may act independently of the Ethics Committee. Whatever action is taken and sanctions levied must be documented for the record and a copy forwarded to the Ethics Chair.

IX. CLOSURE AND DOUBLE JEOPARDY

Once action has been taken by AGU with respect to an issue of scientific integrity or professional ethics, that issue is considered closed with the exception of a single appeal. The same issue may not be pursued independently through another AGU process or entity after a decision is made or after an appeal is concluded.

X. TRACKING OF ALLEGATIONS AND DECISIONS

Editors, the Ethics Chair and AGU Ethics Program Staff will be responsible for recording allegations and decisions in a secure AGU database with access limited to their use and that of the Board of Directors. The record will include the allegation and relevant reports and decisions. Reports of publication misconduct that did not result in a finding of code of conduct violations will be destroyed at the end of one year. Reports of misconduct related to harassment will be maintained for up to ten years in a secure data base, to help address the issue of repeat offenders. A summary report of AGU ethics cases and their disposition will be made available to AGU Council and membership annually.

APPENDIX A: PROCESS DIAGRAMS

Figure A1. AGU Process for Investigating Scientific Misconduct, Part 1

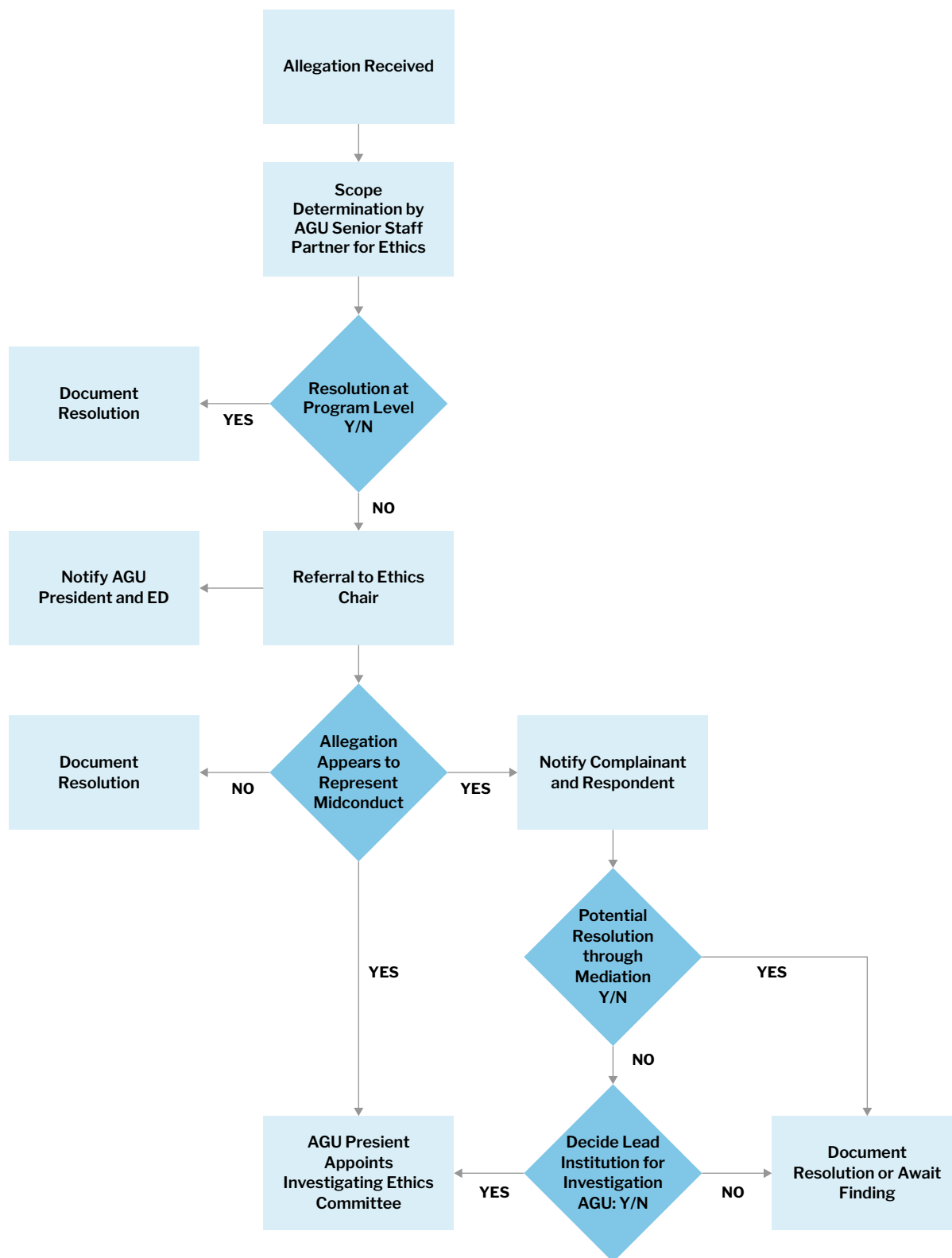
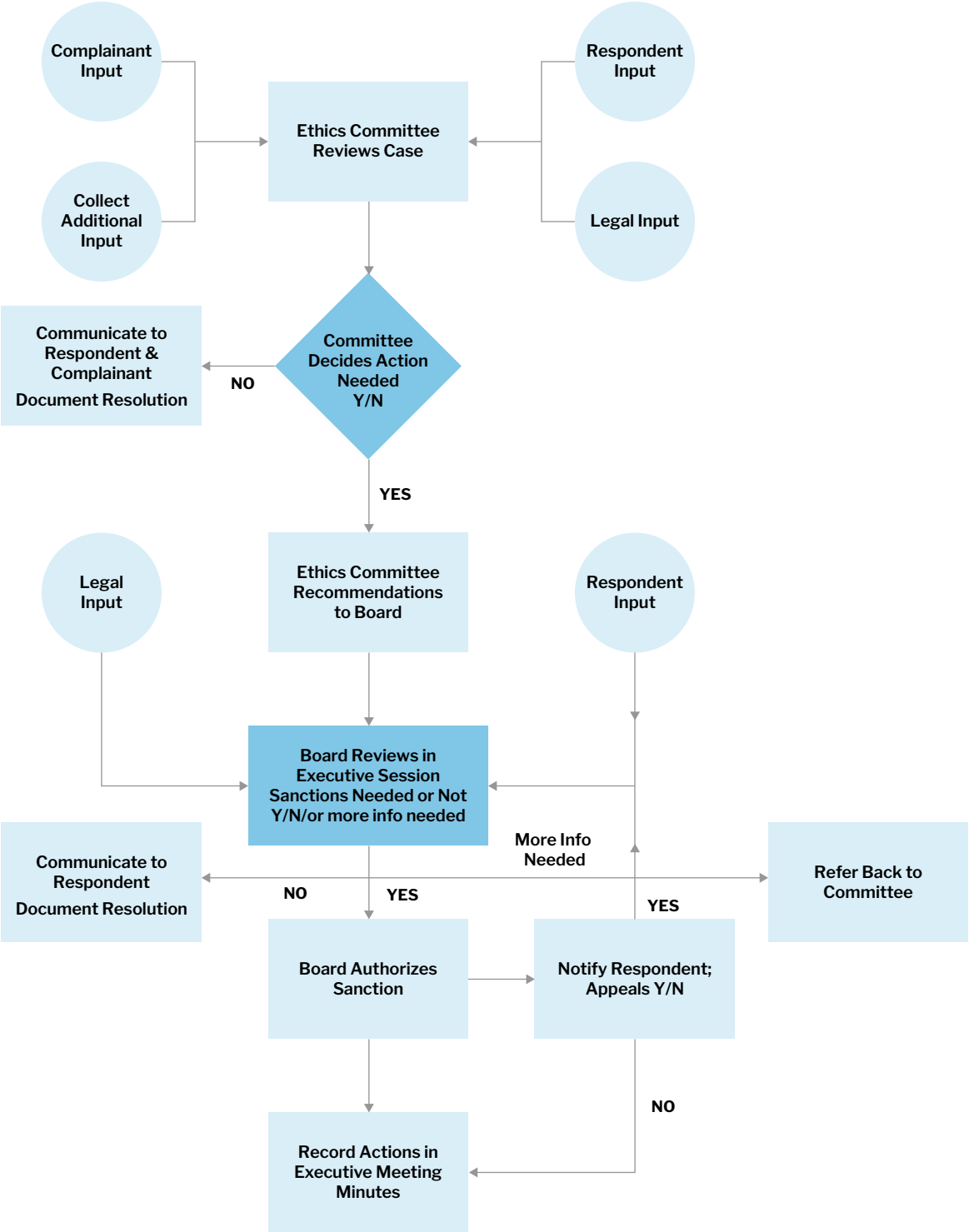


Figure A2. AGU Process for Investigating Scientific Misconduct, Part 2



APPENDIX B: AGU MEETINGS CODE OF CONDUCT

AGU meetings, open to AGU members and those interested in the geosciences, are among the most respected scientific meetings in the Earth and space science community. AGU is committed to providing a safe, productive, and welcoming environment for all meeting participants and AGU staff. All participants, including, but not limited to, attendees, speakers, volunteers, exhibitors, AGU staff, service providers, and others are expected to abide by this AGU Meetings Code of Conduct. This Code of Conduct applies to all AGU meeting-related events, including those sponsored by organizations other than AGU but held in conjunction with AGU events, in public or private facilities.

In addition, AGU members and authors of AGU publications must adhere to the [AGU Scientific Integrity and Professional Ethics Policy](#).

B1. Expected Behavior

- All participants, attendees, AGU staff, and vendors are treated with respect and consideration, valuing a diversity of views and opinions.
- Be considerate, respectful, and collaborative.
- Communicate openly with respect for others, critiquing ideas rather than individuals.
- Avoid personal attacks directed toward other attendees, participants, AGU staff, and suppliers/vendors.
- Be mindful of your surroundings and of your fellow participants. Alert AGU staff if you notice a dangerous situation or someone in distress.
- Respect the rules and policies of the meeting venue, hotels, AGU contracted facility, or any other venue.

B2. Unacceptable Behavior

- Harassment (including sexual harassment), bullying, or discrimination in any form will not be tolerated.
- Physical or verbal abuse of any attendee, speaker, volunteer, exhibitor, AGU staff member, service provider, or other meeting guest, also will not be tolerated.
- Examples of unacceptable behavior include, but are not limited to, verbal comments related to gender, sexual orientation, disability, physical appearance, body size, race, religion, national origin, or socioeconomic class; inappropriate use of nudity and/or sexual images in public spaces or in presentations; or threatening or stalking any attendee, speaker, volunteer, exhibitor, AGU staff member, service provider, or other meeting guest.
- Making a visual and or audio recording of another individual's presentation without the explicit permission of AGU or the author is not allowed.
- Disruption of talks at oral or poster sessions, in the exhibit hall, or at other events organized by AGU at the meeting venue, hotels, or other AGU-contracted facilities is also unacceptable behavior, and is subject to sanctions.

B3. Consequences

- Anyone requested to stop unacceptable behavior is expected to comply immediately.
- AGU staff (or their designee) or security may take any action deemed necessary and appropriate, including, but not limited to, immediate removal from the meeting without warning or refund.
- When AGU staff finds that a Meetings Code of Conduct violation has occurred, they have the responsibility and authority to take all necessary actions to ensure the continued safety of meeting participants, to avoid further disruptions, and to prevent further harm.
- AGU reserves the right to prohibit attendance at any future meeting.
- Other consequences as set forth in the [AGU Scientific Integrity and Professional Ethics Policy](#), as applicable.

B4. Reporting Unacceptable Behavior

- If you are the subject of unacceptable behavior or have witnessed any such behavior, please immediately notify an AGU staff member or AGU volunteer in a leadership position.
- Notification should be done by contacting an AGU staff person on site or by emailing your concern to [individuals explicitly named with contact information for each specific meeting].
- Anyone experiencing or witnessing behavior that constitutes an immediate or serious threat to public safety is advised to contact 911 and locate a house phone and ask for security.

Sample Code of Conduct #3: Shakespeare Association of America

This Code of Conduct applies to all “**SAA Events**,” defined broadly as any in-person or online SAA-sponsored or -organized meetings or gatherings, wherever located, including but not limited to annual meetings, virtual or in person conferences, workshops, field trips, courses, mentorships, business meetings, meetings involving elected and appointed leaders and committee members, and activities associated with, and completed in the general time frame of such SAA-sponsored or -organized meetings or gatherings.

This Events Code applies to all “**Participants**” in SAA Events, meaning organizers, attendees, speakers, session chairs, workshop and seminar leaders, individuals submitting abstracts, guests, volunteers, exhibitors, SAA staff, service providers, and anyone else in attendance.

“**SAA Leaders**” have decision-making authority under this Events Code. For the purpose of this policy, they are SAA’s Executive Director and President.

In addition to adhering to this Events Code, SAA Members must comply with **SAA’s Code of Ethics & Professional Conduct** in all of their professional activities regardless of location.

Conduct Requirements for All Participants

SAA expects all Participants to comply with the letter and spirit of this Events Code. SAA Leaders reserve the right to enforce this Events Code against any Participant found to have violated SAA’s commitment to a professional, respectful, inclusive environment even if a specific behavior is not listed below.

DO

- **Be aware at all times** of the potential impact your position, experience, and/or privilege may have on others;
- **Show respect and consideration** for all people, and do not dominate discussions;
- **Listen to others.** Make room for a range of voices in group discussions, on panels, and the like without pressuring those who choose not to speak;
- **Be mindful and collaborative.** Be aware of your tone in all communications.
- **Show that you value differing perspectives.** Communicate openly and civilly – critique ideas, not people;
- **Be inclusive** and intentional about welcoming individuals who represent diverse identities when networking, organizing panels, leading sessions, or inviting others to share ideas;
- **Honor presenters’ choices regarding pictures and recordings.** (Pictures and recordings are not permitted without permission; see the SAA’s guidelines on social media here)
- **Act professionally and responsibly** if you choose to drink when alcohol is available, or you use other legal intoxicants;
- **Report concerns immediately** so that SAA can act quickly to address and resolve issues (see

section D below for details on how to report concerns);

- **Respect the confidentiality** of the identities of any individuals involved in a conduct concern while it is being reviewed and addressed;
- **Comply with requests to stop behavior.** If any SAA Leaders, SAA staff, session or field trip leader, or other person in a facilitation or leadership role asks you to stop a behavior deemed unacceptable, immediately and respectfully comply;
- **Obey the rules and policies of the meeting venue,** hotels, SAA-contracted facility, or any other venue where your meeting badge and SAA affiliation is likely to be displayed.

DO NOT

- Take advantage of power differentials involving rank, race, gender, or other aspects of identity;
- **Engage in conduct or make comments that are biased, demeaning, intimidating, coercive, or harassing/hostile,** whether seriously or in jest (examples include derogatory, exclusionary behaviors or comments toward others based on gender, sexual orientation, disability, physical appearance, body size, race, religion, national origin or any identity-based factors);
- Engage in personal attacks or bullying, intentionally talk over or interrupt others, or otherwise behave disrespectfully to others;
- **Display unwarranted nudity and/or sexual images** that do not serve a scholarly purpose in public spaces or presentations;
- **Comment on personal appearance,** seriously or in jest, unless you know such comments are welcome;
- Make unwanted physical contact with anyone.
- **Disrupt or engage in violence or abuse, threats of violence, harm, or threats of harm of any kind.** Do not create/contribute to a safety threat or unsafe or exclusionary situation. Unless otherwise required by law, firearms, knives and other weapons are not allowed;
- **Drink or use other intoxicants** to the extent that your ability to act professionally is compromised;
- **Invade the personal privacy of individuals.** Do not view, take pictures of/record, or distribute pictures/recordings of individuals at times or in places where they reasonably can expect privacy (e.g., bathrooms, breastfeeding rooms, etc.);
- **Take or distribute pictures or recordings without approval.** SAA policy is that pictures and recordings are not allowed without permission from all concerned;
- **Retaliate against or disadvantage anyone for reporting a concern** or cooperating in an investigation. Do not make bad faith accusations.

Note About Differences of Opinion.

To achieve the purposes of an SAA Event in the limited time provided, discussions should be focused on the meeting topic at hand; all Participants must be able and welcome to participate equitably and effectively. It is not a violation of this Events Code to express an opinion, raise research, or describe an experience that is at odds with the opinions of or is offensive to others, provided that such expressions are relevant to the topic at hand and are offered in a respectful, civil manner that does not interfere

with others' reasonable ability to participate fully.

Appendix B: Sample Anti-Harassment Policies

Sample Anti-Harassment Policy #1 - Illinois Park & Recreation Association

The Association is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that prohibits discriminatory practices, including harassment. Therefore, the Association expects that all relationships among persons in the workplace will be business-like and free of bias, prejudice, and harassment.

It is the responsibility of each employee, officer, official, director, agent, volunteer, and vendor of the Association as well as anyone using the Association's facilities, to refrain from sexual and other harassment. The Association will not tolerate any type of harassment of or by any of its employees, Board of Directors, or members. Actions, words, jokes, or comments based on an individual's sex, race, sexual orientation, national origin, age, religion, or any other legally protected characteristic will not be tolerated. This policy should not, and may not, be used as a basis for excluding or separating individuals of a particular gender, or any other protected characteristic, from participating in business or work-related social activities or discussions in order to avoid allegations of harassment. The law and policies of the Association prohibit disparate treatment based on sex or any other protected characteristic, with regard to terms, conditions, privileges, and prerequisites of employment. The prohibition against harassment, discrimination, and retaliation are intended to complement and further these policies, not to form the basis of an exception to them.

Definitions of Harassment

Sexual harassment may occur whenever there are unwelcome sexual advances, requests for sexual favors, or any other verbal, physical, or visual conduct of a sexual nature when:

- Submission to the conduct is made either implicitly or explicitly a condition of the individual's employment;
- Submission to or rejection of the conduct is used as the basis for an employment decision affecting the harassed employee; or
- The harassment has the purpose or effect of interfering with the employee's work performance or creating an environment that is intimidating, hostile, or offensive to the employee.

Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of any combination of gender. Depending on the circumstances, these behaviors may include, but are not limited to:

- unwanted sexual advances or requests for sexual favors;
- sexual jokes and innuendo;
- verbal abuse of a sexual nature;
- commentary about an individual's body, sexual prowess or sexual deficiencies;
- leering;
- catcalls or touching;

- insulting or obscene comments or gestures;
- display or circulation in the workplace of sexually suggestive objects or pictures (including through e-mail);
- and other physical, verbal or visual conduct of a sexual nature.

Harassment based on any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, age, national origin, disability or any other characteristic protected by law. This policy extends to the relatives, friends, and associates of that individual. Harassment, in this context, may be defined as:

- creating an intimidating, hostile or offensive work environment;
- unreasonably interfering with an individual's work performance; or
- otherwise adversely affecting an individual's employment opportunities.

Harassing conduct includes, but is not limited to epithets, slurs or negative stereotyping; threatening, intimidating, or hostile acts; denigrating jokes, and display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through e-mail). Any such conduct is unacceptable in the workplace as well as in any work-related setting outside the workplace, such as during business trips, professional conferences, business meetings, and business-related social events.

Any employee engaging in practices or conduct constituting sexual harassment, discrimination, or harassment of any kind shall be subject to disciplinary action, up to and including discharge.

Retaliation Is Prohibited

The Association prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports. Retaliation against an individual is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action.

Reporting Procedure

The Association strongly urges the reporting of all incidents of discrimination, harassment, or retaliation, regardless of the offender's identity or position. Early reporting and intervention have proven to be the most effective methods of resolving actual or perceived incidents of harassment or discrimination.

Therefore, while no fixed reporting period has been established, the Association strongly urges the prompt reporting of complaints or concerns so that rapid and constructive action can be taken.

The availability of this reporting procedure does not preclude individuals who believe they are being subjected to harassing or discriminatory conduct from promptly advising the offender that his or her behavior is unwelcome and requesting that it be discontinued.

If you experience or witness harassment or discrimination of any kind, you should deal with the incident(s) as directly and firmly as possible by clearly communicating your position to the offending person, your immediate supervisor and/or the Executive Director. You should also document or record each incident (what was said or done, by whom, the date, time and place, and any witnesses to the incident). Written records such as letters, notes, memos, e-mails, and telephone messages can strengthen documentation. It is not necessary that the harassment be directed at you to make a complaint.

Direct Communication with Offender

If there is harassing or discriminatory behavior in the workplace, you should directly and clearly express your objection to the offending person(s) regardless of whether the behavior is directed at you. If you are the harassed employee, you should clearly state that the conduct is unwelcome and the offending behavior must stop. However, you are not required to directly confront the person who is the source of your report, question, or complaint before notifying any of those individuals listed below. The initial message may be oral or written, but documentation of the notice should be made. If subsequent messages are needed, they should be put in writing.

Report to Supervisory and Administrative Personnel

At the same time direct communication is undertaken, or in the event you feel threatened or intimidated by the offending person, you should promptly report the offending behavior to your immediate supervisor or the Executive Director. If you feel uncomfortable doing so, or if your immediate supervisor and/or department head is the source of the problem, condones the problem or ignores the problem, report directly to the Executive Director. If the Executive Director is the source of the problem, condones the problem, or ignores the problem, you should contact the Chairman of the Board of Directors.

Report to Executive Director/Chairman of the Board of Directors

An employee may also report incidents of harassment or discrimination directly to the Executive Director. The Executive Director or his designee will promptly investigate the facts and take corrective action when an allegation is determined to be valid. If your complaint alleges harassment by the Executive Director, or if the Executive Director condones the problem or ignores the problem, you should immediately report the incident or incidents in writing directly to the Chairman of the Board of Directors. An investigation will be conducted and appropriate action will be taken when an allegation is determined to be valid. At no time will personnel involved in the alleged harassment conduct the investigation.

Harassment Allegations against Non-Employees/Third Parties

If you make a complaint alleging harassment or discrimination against an agent, vendor, supplier, contractor, volunteer, or person using Association programs or facilities, the Executive Director or his designee will investigate the incident(s) and determine the appropriate action, if any. The Association

will make reasonable effort to protect you from further contact with such persons. Please recognize, however that the Association has limited control over the actions of non-employees.

Important Notice to All Employees

Employees who have experienced conduct they believe is contrary to this policy have an obligation to take advantage of this reporting procedure. An employee's failure to fulfill this obligation could affect his or her rights in pursuing legal action.

Responsibility of Supervisors and Witnesses

Any supervisor who becomes aware of any possible sexual or other harassment or discrimination of or by any employee should immediately advise the Executive Director. The Executive Director or his designee will investigate the conduct and resolve the matter as soon as possible. All employees are encouraged to report incidents of harassment, regardless of who the offender may be or whether or not you are the intended victim.

The Investigation

Any reported allegations of harassment, discrimination, or retaliation will be investigated promptly. The Association will make every reasonable effort to conduct an investigation in a responsible and confidential manner. However, it is impossible to guarantee absolute confidentiality. The investigation may include individual interviews with the parties involved, and where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge. The Association reserves the right and hereby provides notice that third parties may be used to investigate claims of harassment. You must cooperate in any investigation of workplace wrongdoing or risk disciplinary action, up to and including termination.

Responsive Action

The Association will determine what constitutes harassment, discrimination, or retaliation based on a review of the facts and circumstances of each situation. Misconduct constituting harassment, discrimination, or retaliation will be dealt with appropriately. Responsive action may include, for example, training, referral to counseling and/or disciplinary action such as warning, reprimand, withholding of a promotion or pay increase, reassignment, temporary suspension without pay or termination, as the Association believes appropriate under the circumstances.

False and Frivolous Complaints

Given the possibility of serious consequences for an individual accused of sexual harassment, or other harassment or discrimination, complaints made in bad faith or otherwise false and frivolous charges are considered severe misconduct and may result in disciplinary action, up to and including dismissal. While we hope to be able to resolve any complaints of harassment within the Association, we acknowledge your right to contact the Illinois Department of Human Rights (IDHR) at the James R. Thompson Center,

100 West Randolph Street, Suite 10-100, Chicago, Illinois 60601, about filing a formal complaint, and, if it determines that there is sufficient evidence of harassment to proceed further, it will file a complaint with the Illinois Human Rights Commission (HRC), located at the same address on the fifth floor.

Sample Anti-Harassment Policy #2 - American Historical Association

The AHA is committed to creating and maintaining a harassment-free environment for all participants in the Association's activities. All members and participants, including employees, contractors, vendors, volunteers and guests, are expected to engage in consensual and respectful behavior and to preserve AHA's standard of professionalism at all times. The following policy pertains to all venues where officially sanctioned AHA conferences, meetings, and other activities occur, whether in person, by telephone, or through electronic communication.

The AHA has absolutely no tolerance for sexual harassment in any setting. Sexual harassment is behavior (speech or actions) in formal or informal settings that "demeans, humiliates, or threatens an individual on the basis of their sex," gender, gender expression, or sexual orientation.¹ Sexual harassment can also take nonsexual forms and includes discriminatory remarks or actions based on an individual's sex, gender, gender expression or sexual orientation. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal comment or physical conduct of a sexual nature, including situations in which

- the request or conduct involves any implied or expressed promise of professional reward for complying;
- the request or conduct involves any implied or expressed threat of reprisal or denial of opportunity for refusing to comply;
- the request or conduct results in what reasonably may be perceived as a hostile or intimidating environment.

Such examples are illustrative, not exhaustive. Sexual harassment does not refer to occasional compliments of a socially acceptable nature or consensual personal and social relationships without discriminatory effect. It refers to behavior that reasonably situated persons would regard as unwelcome and as personally intimidating, hostile, or offensive.²

Finally, according to U.S. Equal Employment Opportunity Commission (EEOC) guidelines, the victim of harassment can be anyone affected by the offensive conduct, not just the individual at whom the conduct is directed.

The policy and structure for addressing violations of the policy will be clearly and prominently displayed on the AHA website. All participants in the Annual Meeting will be required to acknowledge the policy and their willingness to abide by it as part of the registration process. The executive director will provide an annual report of complaints received (with no names used). The report will be circulated to the full Council and made available to the membership upon request.

Addressing Violations of the Statement

Any person who has experienced a serious verbal threat or any physical assault should contact law enforcement officials immediately.

Sample Anti-Harassment Policy #3: Shakespeare Association of America

Sexual Harassment Policy

The SAA strives to be an inclusive and welcoming point of contact for our diverse membership of scholars, teachers, and students from around the world. We take instances of disrespectful, dismissive, patronizing, or harassing behavior—whether in speech or act, whether in formal or informal settings, and whether based on gender, sexuality, race, ethnicity, religious affiliation, ability, status, or age—seriously. Those who are the targets of harassment should not feel unheard or unassisted.

Definitions

Sexual harassment is behavior that demeans, humiliates, or threatens an individual on the basis of their sex. It is unwanted attention that a recipient experiences as offensive or disruptive to personal well-being. Sexual harassment can include crude behavior (such as offensive statements, jokes, or gestures); dismissive or insulting modes of address (such as referring to a woman not by her name but as “honey”); unwelcome sexual attention (such as unwanted touching or repeated requests for dates); and coercion.

Sex-based harassment also takes nonsexual forms when an individual is targeted because of gender or gender expression. It singles out some members of the community as acceptable targets and as unworthy of respect. Harassment never occurs in a vacuum. Frequently, alienating behaviors including race- and religion-based harassments intertwine with sexual harassment. Working to discern, for instance, whether a comment about appearance is aimed primarily at someone’s gender, sexuality, religion, or race mistakes how harassment can leave its impact on multiple levels.

The SAA emphasizes the importance of adopting a fully intersectional understanding of sex-based harassment. Harassment not only sabotages the individual; it also damages the Shakespeare Association community by discouraging participation in the Association and compromising the free exchange of ideas that is at the center of our mission as an organization.

Respect

All of the spaces into which our professional meetings extend are professional, and the values of respect, equity, and nondiscrimination should inform conduct in the seminar room and on the dance floor, over coffee, and over drinks. All members should aspire to treat each member as having an equally valuable contribution to make.

What to Do if You Have Been Harassed

The SAA seeks to provide meaningful support to members who have experienced sexual harassment at the annual meeting or related events. If you have experienced any unwelcome behaviors, please contact the executive director or any trustee of the Association. These officially designated contacts can serve as sounding boards, confidantes, and informal advisers; they can also confer with you

confidentially about possible next steps. Reporting an incident of sexual harassment does not obligate the reporter to pursue any further action. The SAA's goal above all is to support vulnerable members of the community and to strategize to end the harassment in question. As a voluntary professional organization with a small staff, the SAA is unfortunately limited in its ability to respond formally to charges of sexual harassment.

Nonetheless, within these constraints the SAA will follow its professional and ethical responsibility to respond to reports of sexual harassment among its membership.

Appendix C: Sample Conflict of Interest Policies

Sample Conflict of Interest Policy #1: Illinois Park and Recreation Association

Introduction

When the Illinois Park and Recreation Association (IPRA) Board of Directors are acting in their official capacities, their actions and decisions should be based on what they honestly and reasonably believe to be in the best interests of the Association. Legally and ethically, this is what is expected of each Board member as well as the IPRA Board members and other constituencies. If the judgment of a Board member is influenced by an outside interest, the Association may suffer harm directly from an ill-advised decision. But the Association can be harmed equally, if not more so, by the creation of a perception among members and others of inappropriate decision-making. Especially for a nonprofit organization, reputation can be an invaluable asset. Therefore, even if a volunteer leader believes that he or she can exercise independent judgment despite a conflict, and even if the official in fact does so, the perception that another interest or relationship may inappropriately influence their judgment can be injurious to the Association. It should be emphasized that conflicts of interest are not inherently illegal or unethical, nor should they be interpreted as reflecting upon the integrity of any Association official. Further, it is not the purpose of a conflict of interest policy to prevent volunteer leaders from having business or other relationships. Rather it is the manner in which a conflict is addressed that determines the propriety of the situation.

Definition Of “Conflict of Interest”

A conflict of interest may exist when an IPRA Board of Director has a direct or indirect business, professional, or personal situation or relationship that might influence—or that might be perceived to influence—the judgment or actions of the leader when serving the Association.

Administrative Policy Manual

Conflicts of interest may arise under numerous scenarios, including but not limited to:

- Receiving compensation (e.g., consulting fees, speaking, or writing honoraria, etc.) from a company offering products or services related to the interest of the Association.
- Doing business with the IPRA or having a relationship with any company or organization doing business or wishing to do business with the IPRA.
- Through conducting business or awarding paid services through a close family member or a business associate.
- Receiving gifts, gratuities, free trips, personal property, or any other item of value from any outside person or organization as an inducement to do business or provide services.
- Making a profit or perceived monetary gain in any way in their outside employment or business interests from their association with IPRA.
- Making attempts to convince other board members or staff of IPRA of their personal beliefs, values, or commitments after it has been requested not to do so.

Disclosure

The most fundamental concept in the area of conflicts of interest is disclosure. Those IPRA officials subject to this Conflict of Interest Policy must disclose all conflicts as defined above. It should be noted that the definition of conflict of interest adopted in this Policy includes any relationship that might influence or that might be perceived to influence the actions or decisions of the IPRA. Finally, all those covered by this Policy have an obligation to bring to the attention of the IPRA Board of Directors any conflict or perceived conflict of any other Association member also subject to this Policy.

Covered Officials

The following are subject to the IPRA Board of Directors Conflict of Interest Policy:

- Board of Directors
- Committee Chairman

Effect of a Conflict or Perceived Conflict

Once a conflict of interest arises, in addition to disclosure, the person with the conflict should use their best judgment as to whether and to what extent they should recuse themselves from deliberations, voting, decision making, and other participation with respect to the matter, and whether they should resign from an office or position. In making this determination, the best interests of the Association should be the sole criterion. The Board of Directors may require full or limited recusal or other measures, including resignation from an Association office or position.

Accountability

As an elected official of the Association and duty to represent the members of the Association, Board of Directors shall lead by example and be accountable for the obligation of executing their office in a high standard of ethics and without the violation or perceived violation of the Conflict of Interest Policy.

Members of IPRA deserve and have elected each IPRA Board of Director to hold them self-accountable and to serve the membership in a capacity that is professional, ethical and with the integrity the office of serving on the Board mandates.

Violation of this Policy

Violations of this Policy may result in removal from the IPRA Board of Directors.

Sample Conflict of Interest Policy #2: Association Forum Conflict of Interest Policy for Volunteers (and signature form)

The Association Forum of Chicagoland (the “Forum”) is dedicated to advancing the professional practice of association management. To accomplish that mission, it improves the quality of practice of association management; enhances the places where association management is practiced; and ensures the freedom to practice association management. The integrity of the Forum, and the activities it undertakes, depends on the avoidance of conflicts of interest, or even the appearance of such conflicts, by the individuals involved in those activities.

At the same time, the Forum recognizes that its members have significant professional, business and personal interests and relationships. Therefore, the Forum has determined that the most appropriate manner in which to address actual, potential or apparent conflicts of interest is initially through liberal disclosure of any relationship or interest that might be construed as resulting in such a conflict. Disclosure under this Policy should not be construed as creating a presumption of impropriety or as automatically precluding someone from participating in a Forum activity or decision-making process. Rather, it reflects the Forum’s recognition of the many factors that can influence one’s judgment and a desire to make as much information as possible available to other participants in Forum-related matters.

Any individual involved in a Forum activity or decision-making process has an obligation to disclose any conflicting or potentially conflicting personal, professional, or business interests he or she may have, directly or indirectly, with the affected activity or decision. Potentially conflicting interests may relate to the Forum’s programs and services (e.g., educational courses) or its operations (e.g., contracts with third parties).

In particular, participants in Forum-related activities are obligated to disclose the positions they hold or relationships they have within the Forum and with other organizations or entities that may conflict, directly or indirectly, with their Forum activities. They also have an obligation to disclose any significant financial interest in, or other relationship with, an entity having a “commercial interest” in the activity. A commercial interest may exist not only where the entity’s products or services are under consideration by the Forum, but also where the entity’s products or services are in competition or potential competition with those under consideration. By the disclosure of such interests, other participants will have the opportunity to take potential biases into consideration. In addition, the Board of Directors or its designee(s) will be in a better position to determine whether the participant may have conflicting interests with the Forum.

All participants in Forum-related activities must comply with the Forum Conflict of Interest Policy. It is the responsibility of the disinterested members of the Board or designated committee chairs, editors, etc. to interpret and apply this Policy. And, in as much as the Policy is stated in general terms, the Board or its designee(s) should use their best judgment in doing so.

I represent that I have read, understand, and agree to the terms of the Forum Conflict of Interest Policy.

I am disclosing the following conflicts or potential conflicts of interest:

I further represent that, to the best of my knowledge and belief, I

- have disclosed all conflicts or potential conflicts of interest in the space above, if applicable; and
- will disclose any future conflict or potential conflict of interest to the Forum.

Signature: _____ Date: _____

Sample Conflict of Interest Policy #3: Financial & Insurance Conference Professionals (FICP)

Purpose

The purpose of this conflict of interest policy is to protect the interests of Financial & Insurance Conference Professionals (FICP), a tax-exempt organization, when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Definitions

- Interested Person: Any director, principal officer, or member of a committee with governing board-delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.
- Financial Interest: A person has a financial interest if he/she has, directly or indirectly, through business, investment, or family:
 - An ownership or investment interest in any entity with which FICP has a transaction or arrangement,
 - A compensation arrangement with any entity or individual with which FICP has a transaction or arrangement, or
 - A proposal ownership or investment interest in, or compensation arrangement with, any entity or individual with which FICP is negotiating a transaction or arrangement. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Procedures

- In connection with any actual or possible conflict of interest, an interested person must

disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

- The remaining board or committee members shall decide if a conflict of interest exists.
- After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon.

Policy

FICP is dedicated to advancing the professional practice of meeting planning. To accomplish its mission, FICP improves the quality of practice of meeting planning; enhances the places where meeting planning is practiced; and ensures the freedom to practice meeting planning. The integrity of FICP and the activities it undertakes depends on the avoidance of conflicts of interest, or even the appearance of such conflicts, by the individuals involved in those activities.

At the same time, FICP recognizes that its elected and appointed leaders, as well as other individuals acting on its behalf, also have significant professional, business and personal interests and relationships. Therefore, FICP has determined that the most appropriate manner in which to address actual, potential or apparent conflicts of interest is initially through liberal disclosure of any relationship or interest that might be construed as resulting in such a conflict. Disclosure under this policy should not be construed as creating a presumption of impropriety or as automatically precluding someone from participating in an FICP activity or decision-making process. Rather, it reflects FICP's recognition of the many factors that can influence one's judgment and a desire to make as much information as possible available to other participants in FICP-related matters.

Any individual involved in an FICP activity or decision-making process shall have an obligation to disclose any conflicting or potentially conflicting personal, professional or business interest he or she may have, directly or indirectly, with the affected activity or decision. Potentially conflicting interests may relate to FICP's programs and services (e.g., educational events) or its operations (e.g., contracts with third parties).

In particular, participants in FICP-related activities are obligated to disclose the positions they hold or relationships they have within FICP and with other organizations or entities that may conflict, directly or indirectly, with their activities. They also have an obligation to disclose any significant financial interest in, or other relationship with, an entity having a "commercial interest" in the activity. A commercial interest may exist not only where the entity's products or services are under consideration by FICP, but also where the entity's products or services are in competition or potential competition with those under consideration. By the disclosure of such interests, the Board of Directors or its designee(s) will be in a better position to determine whether the participant may have conflicting interests with FICP.

FICP primarily is concerned with potential conflicts of interest involving those individuals participating directly in FICP-related activities. Potential conflicts of interest also may arise, however, if an individual

with whom the participant directly shares income (e.g., a spouse, minor child, or business partner) or a third party whose interest may affect the participant's decision-making (e.g., a sibling or adult child) has an interest in, or relationship with, an entity having a commercial interest in the activity or matter under consideration. As a result, participants should disclose not only their own interests or relationships but also those of their spouse or minor children. In addition, participants should disclose interests or relationships held by others that may affect their decision-making, but only to the extent they are aware of such information. Participants are under no obligation to determine the nature of every interest held by a sibling, business partner, etc. if they have no independent knowledge of such interests.

In general, participants should err on the side of disclosure if in doubt as to whether it is required under the policy.

Disclosure

Integral to the implementation of the Conflict of Interest Policy is the FICP Conflict of Interest Disclosure Form, a copy of which is attached, which shall be considered a part of the Conflict of Interest Policy and must be submitted by any individual participating in an official FICP capacity. Initially, a participant's obligation to report actual, potential or apparent conflicts is discharged by completing the Disclosure Form. Participants remain under a continuing obligation, however, to report such conflicts as they arise, including those that were not reported on the Disclosure Form, but which later become relevant to the FICP activity in which they are involved.

Disclosure Forms shall be kept on file at FICP's office for a period of two (2) years, or one (1) year after the conclusion of the relevant activity or decision-making process, whichever is longer, unless otherwise determined by the Board.

In order to implement the Conflict of Interest Policy, the Board or its designee(s) shall determine, based on the disclosure form and other relevant information, when an individual engaged in, or about to engage in, an FICP-related activity or other matter under consideration has an actual, potential, or apparent conflict of interest requiring some response by the FICP. Specifically, subject to the procedures set forth herein, the Board or its designee(s) may require any action they deem appropriate, including, but not limited to, the following:

- Disclosure of the interest to the other participants in the decision- or policy-making body (e.g., board, committee, working group).
- Written and, in some cases, oral disclosure of the interest (e.g., to an audience at an educational session).
- Recusal from voting on a matter and limitation of the individual's participation only to the provision of factual information of benefit to the group discussion.
- Complete recusal from a portion of a meeting or from other consideration of the subject matter.
- Replacement of the individual in the affected position or activity.

In most instances, disclosure of the conflicting or potentially conflicting interest will itself suffice to

protect FICP's interests. In other words, once such a conflict is fully disclosed to the relevant parties, they generally will be able to evaluate the possible influence of the disclosed interest. In situations where such disclosure does not adequately deal with actual or potential problems, however, additional action, including denial of participation in the affected activity or consideration of the matter, may be necessary.

All participants in FICP-related activities must comply with the FICP Conflict of Interest Policy. It is the responsibility of the disinterested members of the Board or designated committee chairs, editors, etc. to interpret and apply this policy. In as much as the policy is stated in general terms, the Board or its designee(s) should use their best judgment in doing so.

(Approved April 2008)

Sample Conflict of Interest Policy #3: Financial & Insurance Conference Professionals (FICP)

Purpose

The purpose of this conflict of interest policy is to protect the interests of Financial & Insurance Conference Professionals (FICP), a tax-exempt organization, when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Definitions

- **Interested Person:**

Any director, principal officer, or member of a committee with governing board-delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

- **Financial Interest:**

A person has a financial interest if he/she has, directly or indirectly, through business, investment, or family:

- An ownership or investment interest in any entity with which FICP has a transaction or arrangement,
- A compensation arrangement with any entity or individual with which FICP has a transaction or arrangement, or
- A proposal ownership or investment interest in, or compensation arrangement with, any entity or individual with which FICP is negotiating a transaction or arrangement. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Procedures

- In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.
- The remaining board or committee members shall decide if a conflict of interest exists.
- After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon.

Policy

FICP is dedicated to advancing the professional practice of meeting planning. To accomplish its mission, FICP improves the quality of practice of meeting planning; enhances the places where meeting planning is practiced; and ensures the freedom to practice meeting planning. The integrity of FICP and the activities it undertakes depends on the avoidance of conflicts of interest, or even the appearance of such conflicts, by the individuals involved in those activities.

At the same time, FICP recognizes that its elected and appointed leaders, as well as other individuals acting on its behalf, also have significant professional, business and personal interests and relationships. Therefore, FICP has determined that the most appropriate manner in which to address actual, potential or apparent conflicts of interest is initially through liberal disclosure of any relationship or interest that might be construed as resulting in such a conflict. Disclosure under this policy should not be construed as creating a presumption of impropriety or as automatically precluding someone from participating in an FICP activity or decision-making process. Rather, it reflects FICP's recognition of the many factors that can influence one's judgment and a desire to make as much information as possible available to other participants in FICP-related matters.

Any individual involved in an FICP activity or decision-making process shall have an obligation to disclose any conflicting or potentially conflicting personal, professional or business interest he or she may have, directly or indirectly, with the affected activity or decision. Potentially conflicting interests may relate to FICP's programs and services (e.g., educational events) or its operations (e.g., contracts with third parties).

In particular, participants in FICP-related activities are obligated to disclose the positions they hold or relationships they have within FICP and with other organizations or entities that may conflict, directly or indirectly, with their activities. They also have an obligation to disclose any significant financial interest in, or other relationship with, an entity having a "commercial interest" in the activity. A commercial interest may exist not only where the entity's products or services are under consideration by FICP, but also where the entity's products or services are in competition or potential competition with those under consideration. By the disclosure of such interests, the Board of Directors or its

designee(s) will be in a better position to determine whether the participant may have conflicting interests with FICP.

FICP primarily is concerned with potential conflicts of interest involving those individuals participating directly in FICP-related activities. Potential conflicts of interest also may arise, however, if an individual with whom the participant directly shares income (e.g., a spouse, minor child, or business partner) or a third party whose interest may affect the participant's decision-making (e.g., a sibling or adult child) has an interest in, or relationship with, an entity having a commercial interest in the activity or matter under consideration. As a result, participants should disclose not only their own interests or relationships but also those of their spouse or minor children. In addition, participants should disclose interests or relationships held by others that may affect their decision-making, but only to the extent they are aware of such information. Participants are under no obligation to determine the nature of every interest held by a sibling, business partner, etc. if they have no independent knowledge of such interests.

In general, participants should err on the side of disclosure if in doubt as to whether it is required under the policy.

Disclosure

Integral to the implementation of the Conflict of Interest Policy is the FICP Conflict of Interest Disclosure Form, a copy of which is attached, which shall be considered a part of the Conflict of Interest Policy and must be submitted by any individual participating in an official FICP capacity. Initially, a participant's obligation to report actual, potential or apparent conflicts is discharged by completing the Disclosure Form. Participants remain under a continuing obligation, however, to report such conflicts as they arise, including those that were not reported on the Disclosure Form, but which later become relevant to the FICP activity in which they are involved.

Disclosure Forms shall be kept on file at FICP's office for a period of two (2) years, or one (1) year after the conclusion of the relevant activity or decision-making process, whichever is longer, unless otherwise determined by the Board.

In order to implement the Conflict of Interest Policy, the Board or its designee(s) shall determine, based on the disclosure form and other relevant information, when an individual engaged in, or about to engage in, an FICP-related activity or other matter under consideration has an actual, potential, or apparent conflict of interest requiring some response by the FICP. Specifically, subject to the procedures set forth herein, the Board or its designee(s) may require any action they deem appropriate, including, but not limited to, the following:

- Disclosure of the interest to the other participants in the decision- or policy-making body (e.g., board, committee, working group).
- Written and, in some cases, oral disclosure of the interest (e.g., to an audience at an educational session).

- Recusal from voting on a matter and limitation of the individual's participation only to the provision of factual information of benefit to the group discussion.
- Complete recusal from a portion of a meeting or from other consideration of the subject matter.
- Replacement of the individual in the affected position or activity.

In most instances, disclosure of the conflicting or potentially conflicting interest will itself suffice to protect FICP's interests. In other words, once such a conflict is fully disclosed to the relevant parties, they generally will be able to evaluate the possible influence of the disclosed interest. In situations where such disclosure does not adequately deal with actual or potential problems, however, additional action, including denial of participation in the affected activity or consideration of the matter, may be necessary.

All participants in FICP-related activities must comply with the FICP Conflict of Interest Policy. It is the responsibility of the disinterested members of the Board or designated committee chairs, editors, etc. to interpret and apply this policy. In as much as the policy is stated in general terms, the Board or its designee(s) should use their best judgment in doing so.

(Approved April 2008)

Sample Conflict of Interest Policy #4: American Public Health Association Conflict of Interest Policy

(PDF document begins on following page)

American Public Health Association Conflict of Interest Policy

ARTICLE I. INTRODUCTION AND PURPOSE

The American Public Health Association (the “Association”) requires its directors, officers, employees, members and volunteers to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. The Association depends on the active involvement and voluntary leadership of its members to accomplish its mission and to maintain its credibility as a valued resource. All shall scrupulously avoid any conflict between their own respective personal, professional, or business interests and the interest of the Association, in any and all actions taken by them in their respective capacities on behalf of the Association. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

The Executive Board (the “Board”) of the Association, recognizing that it is entrusted with resources devoted to charitable purposes, has adopted this Conflict of Interest Policy (the “Policy”). The purpose of this Policy is to foster public confidence and to protect the Association’s interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a director, officer or other person in a position of authority within the Association. The Association strives to avoid conflicts of interest to ensure that it preserves the highest standards of integrity and ethical principles. When in a leadership position, APHA requires that leaders conduct themselves with honesty and integrity.

ARTICLE II. DEFINITIONS

1. Interested Person. Any executive board member; governing councilor; key employee; chair of a section, SPIG, and forum as well as the chair of APHA-wide committees and boards.
2. Duty of Loyalty of Interested Persons. The duty to loyalty requires that directors, officers, and others in leadership positions act in the best interest of the Association. Directors and others in leadership positions of nonprofit corporations may have interests that conflict with those of the organization. Interested persons must be aware of the potential for such conflicts and act with candor and care in dealing with such situations. It is in large part the manner in which persons deal with a disclosed or hidden conflict that determines the propriety of the transaction.
3. A Conflict of Interest (COI). Individuals have an actual or potential COI when they or their business partner(s), employer, an individual’s spouse or partner, ancestors, children, grandchildren, great grandchildren, siblings (whether by whole or half-blood), and the spouses of children, grandchildren, great grandchildren, and siblings have a financial interest or other potential for gain related to matters before that person. (Reference: Relationships to be disclosed are identified in the IRS *Instructions for Form 990 Return of Organization Exempt from Income Tax* and *Form 1023 Application for Recognition of Exemption Under Section 501©(3) of the Internal Revenue Code, Instructions for Form 1023 Additional Material, Appendix A.*)

An individual's participation may be conflicted or biased when one promotes or advocates decisions that are based on expected personal gain or benefits other than the best interest of the Association. For this purpose, the term "conflict of interest or bias" means any financial interest or potential for gain that (1) could impair the individual's objectivity; or, (2) could create an unfair competitive advantage for the individual or one of the individuals/entities noted in the previous paragraph.

There is no COI when the individual receives reimbursement of actual expenses. If an individual is an employee of a firm that is giving support to the Association and the individual is in the leadership that makes decisions on how the support is used, that person must recuse him/herself from voting on this matter.

Acts that mix the personal or financial interests of an Interested Person with the interests of the Association are indicative of a conflict of interest. Not every potential conflict is an actual conflict. However, acts that even have the appearance of a conflict of interest can be damaging to the reputation of the Association. Consequently, the Association seeks to appropriately manage potential and actual conflicts of interest as well as the appearance of such conflicts.

ARTICLE III. PROCEDURES TO DISCLOSE AND RESOLVE CONFLICTS

1. Duty to Self-Disclose. The primary obligation of any person subject to this Policy who may be involved in a conflict of interest situation is to bring it promptly to the attention of those designated under the disclosure procedures so that the potential conflict can be evaluated and addressed.
2. Disclosure of Conflicts of Others. If an Interested Person becomes aware of a situation in which an individual is potentially taking advantage of his/her position and acting for his or her own interest, the Interested Person should inform the individual of the basis of such a belief and afford the person an opportunity to explain the alleged failure to disclose.
3. Recusal of Self. Any Interested Person may recuse himself or herself at any time from involvement in any decision or discussion in which the individual believes he or she has or may have a conflict of interest, without going through the process for determining whether a conflict of interest exists.
4. Evaluation of Potential Conflict. After disclosure of all material facts and any follow-up discussion with the Interested Person with a potential conflict of interest, a determination must be made about whether a material financial interest, self dealing transaction or other kind of actual conflict exists. If the potential conflict is first disclosed during a Board or Committee meeting at which the Interested Person with the potential conflict is in attendance, the Interested Person shall leave the meeting while the determination of whether a conflict of interest exists is either discussed and voted upon or referred to Committee for further consideration. In either event, the decision-making body will evaluate the disclosures by the Interested Person, and will determine on a case-by-case basis whether the disclosed activities constitute an actual conflict of interest.

If the disclosure is made outside of the context of a meeting, then the determination of whether a conflict exists will be referred to the Governance Manager for discussion, decision and action. The Governance Manager may, as needed, consult with the Executive Board's Governance Committee.

Factors the decision-making body may consider when determining whether an actual conflict exists include the proximity of the Interested Person to the decision-making authority of the other entity involved in the transaction, and the degree to which the Interested Person might benefit personally if a particular transaction were approved.

Where it is determined that an actual conflict of interest exists, the decision-making body will recommend an appropriate course of action to protect the interests of the Association. All disclosures and the outcome of the deliberation about whether a conflict of interest exists will be recorded in the minutes of the appropriate deliberative meeting.

ARTICLE IV. RECORDS OF PROCEEDINGS

The minutes of the Board/Committee/Council or other meeting shall contain:

1. The names of the Interested Persons who disclosed or who otherwise were found to have a financial or other interest in connection with an actual or possible conflict of interest, the nature of the financial or other interest, any action taken to determine whether a conflict of interest was present, and the Board's/Committee's/Council's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

ARTICLE V. ANNUAL STATEMENTS

1. Persons who shall be asked to annually sign a statement on the conflict of interest acknowledgement form or such other form as the Board adopts include executive board members; governing councilors; key employees; chairs of sections, SPIGS, and forums as well as chairs of APHA-wide committees and boards. This activity, at a minimum, affirms that such a person:
 - a. has received a copy of the Policy,
 - b. has read and understands the Policy,
 - c. has agreed to comply with the Policy,
 - d. discloses personal financial interests and family relationships that could give rise to conflicts of interest, and

- e. understands the Association is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.
2. Conflict of interest disclosure forms will be submitted to the Association Governance Manager annually, and when appropriate, at or prior to action on relevant business transactions.

Article VI. PERIODIC REVIEWS

1. To ensure that the Association operates in a manner consistent with its status as an organization exempt from federal income tax, the Executive Board shall at least every five years authorize and oversee a periodic review of the policy and its administration by the Governance Committee.
2. The review may be written or oral. The review shall consider the level of compliance with the policy, the continuing suitability of the policy and whether the policy should be modified and improved.

AMERICAN PUBLIC HEALTH ASSOCIATION

CONFLICT OF INTEREST ACKNOWLEDGEMENT

The American Public Health Association (the “Association”) requires its directors, officers, employees and volunteers to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. The Association depends on the active involvement and voluntary leadership of its members to accomplish its mission and to maintain its credibility as a valued resource. All shall scrupulously avoid any conflict between their own respective personal, professional, or business interests and the interest of the Association, in any and all actions taken by them in their respective capacities on behalf of the Association.

The American Public Health Association’s conflict of interest policy and procedures are designed to foster public confidence in the integrity of the Association and to protect the APHA’s interest when it is contemplating entering a transaction or contract that might benefit the private interest of an executive board member, governing councilor; key employee; chairs of a section, SPIG, and forum as well as the chair of APHA-wide committees and boards. The Association supports a culture of openness, trust and integrity in all APHA management and business practices.

A conflict of interest may arise when, due to a competing outside interest, an individual has an opportunity to influence the Association activities in a way that could lead to, or appear to lead to one’s personal, professional or business gain or advantage.

I hereby acknowledge that I have received a copy of APHA’s conflict of interest policy, have read and understood it, and agree to comply with its terms.

Name: _____

Position in APHA: _____

Employer: _____

Is your employer giving support to APHA: ☐ Yes ☐ No

To your knowledge, do you or a person identified in Article II(3) of the APHA Conflict of Interest Policy receive financial compensation (salary, honoraria, investment income) from an organization that has something to gain for APHA’s policy statements?

☐ Yes ☐ No

I agree to carry out my responsibilities as a _____ in APHA in an objective and unbiased manner for the best interest of the Association.

Signature: _____

Date: _____

AMERICAN PUBLIC HEALTH ASSOCIATION

RECORD OF POTENTIAL OR ACTUAL CONFLICT OF INTEREST

As a member of APHA's executive board; governing council; chair of a section, SPIG, or forum or a member of an APHA-wide committee or board or key employee, the following is a record of my disclosure of a potential or actual conflict of interest.

As an executive board member, governing councilor; key employee; chair of a section, SPIG, or forum; or the chair of APHA-wide committee or board, the following is a record of my disclosure of a potential or actual conflict of interest.

CONFLICT:

(Name of board, council, component, committee, or position)

(Signature)

(Date)

(Printed Name)

Appendix D: Sample Confidentiality Policies

Sample Confidentiality Policy #1: National Association of REALTORS

CONFIDENTIALITY AGREEMENT

BOARD OF DIRECTORS

This Confidentiality Agreement is entered into between all members of the Board of Directors of the Local Name Realtor® Association on DATE.

The parties hereto will engage in discussions and, in some cases, make policy decisions concerning the financial position of the Association, members' accounts, members' files, future plans of the Association, Professional Standards Hearings Findings, employment policies, remuneration and other benefits, and other confidential and sensitive information. In order to make prudent decisions that serve the best interests of the Association and to intelligently consider all options in making these recommendations, the parties must discuss and evaluate confidential, sensitive and proprietary information. ("Confidential Information")

Each member of Board of Directors agrees to the following:

1. "Confidential Information" as used herein, shall mean all information, documentation, concepts, data membership lists, bank records, financial records, findings from Professional Standards hearings, marketing analysis, financial projections products, services, processes, software, trade secrets and devices disclosed or made available by any of the parties hereto to any of the other parties, including without limitation, the existence of discussions concerning the possibility of additional mergers, consolidation, sales of assets, etc..
2. The parties acknowledge and agree that the Confidential Information is proprietary and may include information that disclosure of or unauthorized use of this information may cause irreparable harm to member or the Association.
3. Once an issue has been discussed and a final decision has been made by a majority of the Officers and Directors, all members of the Board of Directors agree to abide* by and support the decision. *Prior to a final decision, the Board encourages vigorous debate among Board members. The intent of this paragraph is to make it clear, however, that once a final decision has been made, individual Board members should not make statements outside the boardroom that undermine the Board's decision, even if the Board member disagrees. The Board does not expect every member to become a vocal proponent of a Board decision, but members should understand that the Board acts as a unit and that individual members must respect the collective will of the Board.*
4. The only persons with whom the parties hereto may share the Confidential Information are other Officers and Directors of the Association Board of Directors, Chief Executive Officer, Association CPAs

and Attorneys for the Association.

5. No rights or licenses, express or implied, are hereby granted to the parties hereto by any of the other parties under any patents, copyrights, or trade secrets as a result of or related to this Agreement.

6. The restrictions and obligations of this Agreement shall survive any termination, cancellation or expiration of this Agreement, and shall continue to bind the parties hereto and their successors and assigns.

7. This Agreement may be executed in any number of counterparts, all of which together shall be an original.

We the undersigned members of the Board of Directors of the LOCAL NAME Realtor® Association agree to be bound by the confidentiality terms of the foregoing Confidentiality Agreement.

Sample Confidentiality Policy #2: American Association of Endodontists

Name:

Signature

The American Association of Endodontists (AAE) values highly the protection of confidential information. The AAE expects that its officers, directors, committee members, other volunteers and staff recognize the need for confidentiality of certain information learned or obtained by them during or incidental to their service to the Association. The ADA's Principles of Ethics and AAE's Conflict of Interest Policy must also be followed in matters of confidentiality. This includes, but is not limited to, the following:

1. with respect to proposed or executed contracts, such persons shall keep in confidence and shall not disclose the names of the parties with whom the Association is negotiating a contract and the terms of any such contract until the Association's President or Executive Director either publicly discloses such information or the board of directors specifically authorizes such disclosure;
2. with respect to business plans and financial, statistical or other proprietary information, such persons shall keep in confidence and shall not disclose such information regarding, belonging to or generated on behalf of the Association until publicly disclosed by AAE's President or Executive Director;
3. where confidentiality is for a limited period of time then the directors or committee members, respectively, shall keep in confidence and shall not disclose matters identified by the President as proprietary and confidential matters discussed at such meeting until the Association's President or Executive Director publicly discloses such information or the board of directors specifically authorizes such disclosure;
4. when the board of directors or the Executive Committee determines that the confidentiality is intended to remain permanent, no one, including the president and executive director, may disclose such information;
5. members of the Nominating Committee, shall keep in confidence any deliberations during meetings of the Committee about candidates for board positions with the Association, the AAE Foundation or the American Board of Endodontics, or candidates for officer positions with the Association. The names of candidates considered are kept confidential except for the names of those candidates nominated by the committee; and
6. discussion held in executive session of the Board of Directors or Executive Committee may not be repeated outside of those in attendance. The Secretary shall report the topic(s) discussed in executive session (e.g., legal matters, contracts, nominations, etc.). Any motions adopted in executive session shall either be maintained in confidential minutes by the Secretary and approved by those in attendance, or reported by the Secretary in the next open session of the Board of Directors or Executive Committee.

These confidentiality provisions do not apply to confidential or proprietary information which is (a) in

or passes into the public domain or otherwise ceases to be of a confidential nature other than by violation of these provisions, (b) known prior to disclosure through service to the Association and such knowledge can be demonstrated by written evidence of any kind or nature, or (c) independently developed.

These confidentiality provisions have no time limit.

As a Board member, chair, or committee member of the American Association of Endodontists (AAE) committee, I have read and understand the provisions of this Confidentiality Statement, and agree to abide by all terms.

Sample Confidentiality Policy #3: Financial Planning Association

As a member of the FPA Board of Directors, Chairperson of an FPA committee, member of an FPA committee, or person trusted with confidential information, I recognize that I have the duty to maintain said confidentiality unless otherwise directed by the FPA Board of Directors.

In connection with my volunteer service, I may be given, or have access to, confidential or proprietary information of and about FPA and/or third parties. Confidential information is defined as all information that FPA considers confidential or proprietary information of or about FPA and/or third parties. Confidential information may include, but is not limited to, information discussed or distributed at Board/Committee meetings; information discussed on any board/Committee online forums; official Board/Committee business discussed between or among Board/Committee members in any Board/Committee medium or forum; information regarding FPA's organization, operations, programs, activities, policies, procedures, practices, financial condition, or marketing strategies or plans; information discussed in FPA Committee meetings; unpublished or pre-release versions of FPA documents or materials; internal-use-only or limited-circulation FPA documents or materials; and similar FPA information, documents or materials of a confidential or proprietary nature.

I agree to not disclose or permit to be disclosed any Confidential information, and will not appropriate, photocopy, reproduce, or in any fashion replicate any Confidential information without the prior written consent of FPA. I agree to use reasonable efforts to maintain the confidentiality of all Confidential information. I also agree not to use any Confidential information for my own benefit or that of any other individual, company or organization. Confidential information shall not include information which I rightfully obtain from a third party without comparable restrictions on disclosure or use.

I agree that my duty of confidentiality extends beyond my official capacity as an FPA Board member/committee member. Any information described above remains confidential information beyond my term of service, and I commit to abiding by this policy unless otherwise instructed by the FPA Board of Directors.

Violations of the Confidentiality Policy:

I have been given the opportunity to review FPA's Governance Manual (Section 3.7 for Board Members, and section 8.7 for committee members), and am fully aware of the consequences of violating my duty of confidentiality. I am aware that violation of this policy will result in the matter being brought before the Governance Committee to investigate and recommend appropriate disciplinary and corrective action, up to and including removal from office or position. Actions recommended by the Governance Committee in these circumstances will be brought before the Board for approval.

In addition to the above and to the extent applicable, if serving in the capacity of an FPA committee chairperson, I agree to share this policy with all committee members.

I have read and understand the above policy and agree to abide by it.

Appendix E: Sample Social Media Policies

Sample Social Media Policy #1: Association for Computing Machinery

ACM encourages members and volunteers to use social media to engage with one another and communicate about ACM activities, conferences, publications, and professional development resources. The following guidelines and best practices are intended to assist ACM volunteers, SIG leaders, conference organizers, chapter leaders, EICs, members and staff in effectively promoting ACM on online platforms intended for users to share and engage with content.

Social Media Policy

- Content posted on social networks on behalf of ACM, SIGs, chapters, conferences and publications should adhere to the expectations of professional and ethical conduct established in the ACM Code of Ethics.
- ACM branding and trademarks used on social media platforms should be consistent with ACM's Visual Identity Standards Guide.
- Images posted to social networks representing ACM should either belong to ACM, a SIG, a chapter, conference or publication or be free to use and share.
- Third-party content should be properly attributed to its original source.
- Social media accounts representing ACM should include a statement in the account profile, bio or "about" section (see examples to the right).

Best Practice Guidelines

- Schedule posts when your audience is most active and likely to engage with your content, and ensure that there is a steady stream of posts from your account.
- The text of social posts should maintain a conversational and accessible tone while conveying professionalism and a sense of authority on the topic.
- Visually engaging content is more likely to generate higher engagement, so posts should contain a prominent photo, video or illustration whenever possible.
- Third-party content (posts not directly related to an ACM activity, product, or service) should come from reputable and authoritative sources and be of interest to the broader computing community. Posts should also not promote commercial products or services.
- Posts should include relevant hashtags to increase their exposure and "@mentions" to engage other users who would be interested in their content.
- Social media content should be viewed as part of a conversation, and posts should aim to generate reactions, comments and engagement.
- ACM social media representatives are encouraged to actively monitor comments from followers and respond in a timely and professional manner.

Sample Social Media Policy #2: National Automated Clearinghouse Association

These guidelines apply to association staff who have been approved to engage online in an official capacity:

- Be professional. Although you may employ a more conversational tone on a social media vehicle, you are representing the association the same way you would in a presentation, a press release or during an appearance at an event.
- Be productive. Don't over post or post just for the sake of posting. Share useful, interesting information with your audience.
- Be neutral.
- Be judicious when it comes to the notorious back-and-forth nature of internet interactions. Focus only on correcting any inaccuracies of known facts; don't worry about winning an argument. In all instances, be civil.
- Be clear about association's comment/sharing policy by including ground rules—when necessary—to keep online conversations constructive. The association's comment/sharing policy explains to followers what information the association finds appropriate and inappropriate, as well as what follower posts will be deleted, and why a follower may be blocked from the page/group.
- These are common sense: be honest, be accurate, be respectful. Also, be clear and concise; even status message updates can be written well (or poorly).
- Fair use/copyright: Do not copy or use another person's or entity's intellectual property as though it were your own. Properly attribute work that you reuse. The internet affords ample opportunity to link to whatever materials you deem important to your audience. Note "Fair Use" doctrine in U.S. law allows limited use of copyrighted material without permission from the rights holder, speaking specifically to use for nonprofit or educational purposes; refer questions to the appropriate association contact.
- Handling of confidential personal or industry-related data: As previously noted, staff may not discuss or disclose online (or through any other means) confidential and/or proprietary information.
- Laws forbidding any partisan political activity: As a 501(c)(3) organization, certain legal restrictions apply to the association with respect to lobbying and partisan political activity. The association as an organization therefore should never appear as a "Fan" of an elected official, candidate for office, or partisan political cause on any social media page/feed.
- When names, photos, user IDs, etc. are involved in social media posts/updates, secure written permission for use and err on the side of caution.

Sample Social Media Policy #3: From the Illinois Farm Bureau

Messages and Comments

- Respond to or acknowledge messages sent through X and Facebook as soon as possible but not more than 24 hours later.
- Messages that contain critical or threatening information, etc. should be forwarded to the appropriate staff contact.
- If a user comments on our content and asks a question, in most cases, it is appropriate to respond to the user.
- It best to remain silent when the act of responding, in any way, is likely to ignite a firestorm of argumentative comments.

Mentions and Tags

- Mentioning and tagging organizations that align with our goals and values can attract new followers to our page if the other entity has a large network of social media followers.

Blocking and Reporting

- All content that is violent, profane, inappropriate or is deemed not-family-friendly will be blocked. Inappropriate comments will also result in a blocked user.

Social Media Sense for Users

- Use common sense: If you are uneasy about a post you are about to make, step away and reconsider. Either change what makes you uncomfortable, talk to a supervisor, or don't post it.
- Be professional: Since you should assume that postings can eventually be seen by anyone, present the image you would want your boss to have of you. Use good grammar and language, don't spread gossip, and be mindful of the types of photos that you post.
- But have a personality: Social media is about connecting with people. Give friends and fans a look at your true personality.
- Play nice: You'd get in trouble for name-calling and bullying in elementary school, so don't do it on social media. It's ok (and even encouraged) to have your own opinion. It's not ok to insult others, use slurs, or otherwise antagonize them. Libel, harassment, and discrimination laws still apply on social networks and you can be held legally liable if guilty.
- Don't tell secrets: If it's not your news, don't share it. Confidential info (mergers, acquisitions, financials, etc.) is off limits. Designated staff will break the news when the time is right.
- Don't share personal info about customers, employees, competitors, or even vendors without permission (written, please) first.
- Join the conversation: If you feel you have something our followers would benefit from, share it.
- Just not the fights: From time to time, someone may post a negative story or comment about the association. Your first instinct is to jump in and defend the association and community, which is great, but we'd rather you bring it to the appropriate staff member's attention before you act.

Appendix F: Sample Vendor Relationship and Gift Policies

Sample Vendor Relationship and Gift Policy #1: From the Eaton Worldwide: Gift & Entertainment Policy

Introduction

Business gifts and entertainment on a modest scale are commonly used to build goodwill and strengthen working relationships among business associates. Providing or accepting occasional meals, small company mementos and tickets to sporting and cultural events may be appropriate in certain circumstances. Occasionally, it may also be appropriate to accept or provide offers involving travel for business events with our business associates. However, if offers of gifts, entertainment or travel are frequent or of substantial value, they may create the appearance of, or an actual, conflict of interest or illicit payment. We have developed this policy to help employees make the right decisions when providing or accepting gifts, entertainment, or travel while conducting business.

Scope

This Policy applies to all divisions of Eaton Corporation and Eaton Subsidiaries Worldwide. Eaton business units may, at their discretion, establish more stringent country-specific limits, but not less.

Policy

Accepting Gifts (Non-Government Officials)

Eaton recognizes that it is customary for some of its suppliers, customers and other business associates to occasionally give small gifts to those with whom they do business. It is important, however, that these gifts do not affect an employee's business judgment, or give the appearance that judgment may be affected. Accordingly, Eaton and its employees must be very careful when it comes to accepting gifts. As a general rule, Eaton employees may accept gifts from suppliers, customers or other business associates, provided the gift:

- does not create the appearance (or an implied obligation) that the gift giver is entitled to preferential treatment, an award of business, better prices or improved terms of sale;
- would not embarrass Eaton or the gift giver if disclosed publicly;
- if valued US\$100 or above (even if promotional in nature), is reported to the recipient's first and second-level reporting managers and disclosed under the Eaton Gift and Entertainment Disclosure Procedure; would not prevent the recipient from awarding Eaton's business to one of the gift giver's competitor

The following gifts are *never* appropriate:

- gifts of cash, or cash equivalent (such as gift cards or gift certificates);
- gifts that are prohibited by local law;

- gifts given as a bribe, payoff or kickback (e.g., in order to obtain or retain business, or to secure an improper advantage, such as securing favorable tax treatment);
- gifts the recipient knows are prohibited by the gift giver's organization; and
- Gifts given in the form of services or other non-cash benefits (e.g., the promise of employment).

The cumulative annual value of all gifts an employee may receive from any one gift giver cannot exceed US\$250 unless disclosed under the Eaton Gift and Entertainment Disclosure Procedure and approved by the applicable Regional President, or, in the case of North America, by the functional, geographic or business unit Vice President.

Employees who receive a gift at an event of a ceremonial nature (e.g., a customer outing or a commemoration of a business transaction) that might not be appropriate under these guidelines, but is impractical or offensive to refuse, may accept the gift and then promptly report it to their supervisor. The employee and supervisor can then discuss the appropriate response.

Eaton employees must never ask for gifts, gratuities or other items that benefit them personally, regardless of value. Employees are expected to exercise good judgment in accepting gifts from suppliers, customers or other business associates. Employees should talk to their supervisor when in doubt as to whether a gift is appropriate.

Accepting Entertainment (Non-Government Officials)

Business entertainment (e.g., meals, tickets to the theater or a sporting event) can play an important role in strengthening working relationships among business associates. Accordingly, Eaton employees may accept business entertainment offered for legitimate business purposes, such as building goodwill and enhancing relationships with customers or suppliers, provided that it complies with these guidelines. Specifically, accepting entertainment from Eaton business associates is permitted only if such entertainment complies with Eaton's Worldwide Travel Expense Policy;

- is infrequent;
- is reasonably related to a legitimate business purpose (e.g., accompanying a customer or supplier to a local theater/sporting event or attending a business meal);
- is not given as a bribe, payoff or kickback (e.g., in order to obtain or retain business, or to secure an improper advantage);
- does not create the appearance (or an implied obligation) that the gift giver is entitled to preferential treatment, an award of business, better prices or improved terms of purchase;
- is in good taste and occurs at a business appropriate venue;
- is reasonable and appropriate in the context of the business occasion;
- would not influence, or appear to influence, the employee's ability to act in the best interest of Eaton;
- is disclosed under the Eaton Gift and Entertainment Disclosure Procedure; and
- Complies with any specific limits established by local management.

The following is *never* appropriate:

- entertainment that can be viewed as excessive in the context of the business occasion;
- “adult” entertainment or any sort of event involving nudity or lewd behavior;
- entertainment that the recipient knows the gift giver is not permitted to give; and
- entertainment that is otherwise prohibited by local management.

Employees should talk with a supervisor when in doubt as to whether an event, location or expenditure is appropriate.

The following gifts are never appropriate:

- gifts of cash, or cash equivalent (such as gift cards or gift certificates);
- gifts that are bribes, payoffs or kickbacks (e.g., gifts given in order to obtain or retain business, or to secure an improper advantage);
- gifts that are prohibited by local law;
- gifts the gift giver knows are prohibited by the recipient’s organization;
- gifts given in the form of services or other non-cash benefits (e.g., the promise of employment); and
- gifts to family members of customers, suppliers or other business associates.

The cumulative annual value of all gifts an employee may provide to any one recipient cannot exceed US\$250 unless disclosed under the Gift and Entertainment Disclosure Procedure and approved by the applicable Regional President.

Entertainment

Business entertainment (e.g., meals, tickets to the theater or a sporting event) can play an important role in strengthening working relationships among business associates. Accordingly, we permit business entertainment when done for legitimate business purposes, such as building goodwill and enhancing relationships with customers or suppliers, if it complies with these guidelines.

Specifically, entertaining business associates is permitted only if such entertainment:

- is not a bribe, payoff or kickback (e.g., provided in order to obtain or retain business, or to secure an improper advantage);
- does not create the appearance of entitlement to preferential treatment;
- is in good taste and occurs at a business appropriate venue;
- is reasonable and appropriate in the context of the business occasion; and
- complies with any specific limits established by local management.

The following is never appropriate:

- entertainment that can be viewed as excessive by an objective third party;
- “adult” entertainment or any sort of event involving nudity or lewd behavior;

Sample Vendor Relationship and Gift Policy #2: From Encompass Health Vendor Relationships and Gifts Policy

Purpose

This policy brings together relevant standards for relationships among the Company, its employees, and vendors. In general, non-contractual benefits received from vendors by individual employees should be modest in value and scope, directly tied to legitimate business purposes, and must not improperly influence decision-making on behalf of the Company.

Any discounts or rebates received from a vendor should comply with this policy and should be properly documented in accordance with applicable law. Also, in some cases, the Company may be a referral source for a vendor's goods and services, such as when the Company purchases medical supplies or implants that are furnished to patients. Federal and some state laws prohibit offering or receiving improper "inducements" to order, refer, or purchase a health care item or service.

Definitions

Annual Gift Limit: gifts are limited to a total value of \$407 per calendar year/per employee from any vendor.

Vendor: a person or organization that furnishes, or that seeks to furnish, goods or services to the Company.

Procedures

Gifts, Meals, and Entertainment

Encompass Health employees may accept gifts, entertainment and other benefits from vendors so long as such items do not exceed the annual gift limit (as defined in the Definitions section above). Each hospital should have a process in place to ensure adherence to policy guidelines.

No cash or cash equivalents may be accepted. Gift certificates for a specified place of business (e.g. Starbucks) are permissible. The annual gift limit applies to all related vendor entities, such as parent and subsidiaries, and other groups of vendors under substantially similar operational control.

The annual gift limit includes any benefits to family members of Company employees.

The following items are not included in the annual gift limit:

Business-related meals.

- If you are engaged in a business relationship with a vendor from which you may or are currently purchasing goods or services, the occasional business meal provided in furtherance of the business relationship is acceptable. These meals do not have to be included in the annual limit. For purpose of this policy, vendors are also those providers and suppliers that provide post-

discharge services or products to our patients and for which these services/products may be directly billed to a federally funded health program. The business meal exception does not apply to these providers/suppliers. Thus, the costs associated with in-service meals and/or entertainment meals are included in the annual limit.

- Food, beverages and similar items provided at no charge to the general public.
- A modest amount of inexpensive pens, notepads, cups and similar items with the vendor's logos or information.
- Participation in organized charity events, at the vendor's request, such as luncheons and similar events, where the vendor has purchased tables or teams, provided that the recipient does not solicit the vendor to participate in the event and persons other than Company employees also participate.

Vendor-Supported Product/Service Demonstrations

- Employees may participate in vendor-sponsored demonstrations of products or services under consideration for purchase and use by the Company. Moderate meals, lodging and travel may be provided by the vendor during such demonstrations if the estimated cost of the product or service warrants the travel and if it is not reasonable to conduct the demonstration at a location near the recipient.

Vendor-Supported Training

- Employees may participate in vendor-sponsored training where the training is directly related to a product or service sold by the vendor and is included in the items provided to the Company in the vendor's agreement. Moderate meals, lodging and travel may be provided by the vendor during such training if it is not reasonable to conduct the training at a location near the recipient.
- Employees may not accept payment or reimbursement of registration fees or related travel or lodging for general trade or professional association conferences from current or prospective vendors.
- For training not included in a vendor contract, Company employees may participate in training directly related to a product or service sold or purchased by the Company.
- If the training provided or received qualifies for Continuing Education Units or similar professional education credits (CEUs), such CEUs are subject to the annual gift limit described above. If the value of a CEU is not known, the fair market value will be assumed to be \$20 per contract hour.

Vendor Sponsored Advisory Boards, Users Meetings, or Focus Groups.

- From time to time vendors may ask Company employees to serve on customer advisory boards or to participate in meetings or focus groups to evaluate products or services or to compare best practices. Company employees may participate in such advisory boards or attend such users meetings or focus groups with the approval of management.

Vendor Speakers at Company Functions.

- Vendors may furnish employees or regular consultants to serve as expert speakers at Company conferences or meetings. Vendors may not provide or sponsor speakers who are not vendor employees or regular consultants.

Vendor Use of Company Speakers.

- Vendors may request Company employees to speak at conferences or other business-related events if such speech is reasonably related to the Company's business interests. Such speaking engagements must be approved by management. The vendor may reimburse the Company for reasonable travel expenses in connection with speaking engagements. Employees should not accept honorariums or other payments from vendors other than reimbursement of out-of-pocket expenses. Any honorarium should be paid to the Company directly, not to the employee.

Employee/Facility Awards

- Vendors may participate in Company sponsored programs designed to recognize excellence in clinical practice or patient outcomes, provided that, such recognition takes the form of certificates or modest non-monetary awards such as plaques.
- Management should give prior approval to any vendor participation in Company awards.

Support for Company Meetings

- Vendor support of internal Company meetings, functions, or conferences is discouraged. This includes the use of vendor-owned or subsidized office space, meeting rooms, or other facilities.
- Exceptions must be specifically approved in advance by the Ethics & Compliance Department. If necessary, in house or outside counsel should confirm.

Donations to Company Facilities

- Vendor donations to Company facilities are discouraged.
- Donations of cash or cash equivalents are prohibited.
- Donations of limited amounts of free samples of a vendor's product for evaluation by patients or staff are permitted if approved in advance by the management in accordance with guidelines approved by the Legal Services Department.

Distribution of Vendor Materials

- Vendors are not permitted to distribute advertisements or information on their products in Company facilities unless such items are approved prior to distribution by management.
- Generally, only materials which educate patients concerning their health and are not advertisements for particular products, should be permitted.

Vendor Advertisement in Company Publications

- Vendors are permitted to purchase advertisements in Company publications designed primarily for distribution to the public or other persons external to the Company, if the Company receives no more than fair market value for such advertisements.
- Fair market value may not exceed what non-vendors pay for similar advertisements.
- Publications that contain only advertisements paid for by Company vendors are not appropriate.
- Vendor advertisements are not permitted in publications designed primarily for internal Company distribution.

Circumvention of Policies

- Vendors and Company employees may not attempt to circumvent the application of this policy or other policies by furnishing or accepting items or support to Company facilities, employees, or patients through third parties.
- Employees should not request vendor support for an activity that is not permitted by this policy. Vendors should report such requests to the Ethics & Compliance Department.

Sample Vendor Relationship and Gift Policy #3: From American Society of Clinical Oncology Guidelines for Vendor Gifts

General Policy

The American Society of Clinical Oncology and its affiliates (collectively “ASCO”) engage in a wide range of programs and activities in furtherance of its mission. To facilitate these activities ASCO contracts with numerous advisors, vendors, suppliers, and service providers (each referred to as a “Vendor”). ASCO chooses Vendors based on their experience and qualifications.

Continued Vendor relationships depend on client service and the quality of the Vendors’ products and services.

When choosing and interacting with Vendors, it is important that ASCO employees remain as independent decision-makers and avoid actual and perceived conflicts of interest. A conflict of interest could arise if an employee accepts a gift or favor of any type from a Vendor that is currently under contract with ASCO or that is under consideration for contract with ASCO.

Personal Gifts

Generally, ASCO employees (“Employees”) may not accept personal gifts of any value from Vendors. This includes but is not limited to cash payments, coupons, travel (direct payment or reimbursement), event tickets, credits, fees, return services, discounts, and valuable privileges or favors. In addition, Employees are prohibited from soliciting, and must decline, any form of compensation or value, directly or indirectly offered as a payment or kickback related to any government contract, grant, subgrant, or cooperative agreement.

Notwithstanding the general rule above, Employees may accept occasional personal gifts that are of nominal value and professional in nature (e.g., a mug or mouse pad). Employees may also accept modest gifts that can be consumed or are perishable, like food, beverages, or flowers, as long as they are appropriate for sharing in ASCO’s office environment. Such perishable gifts should be shared with other Employees in the office and should not be taken home.

If an employee receives a gift that is not consistent with these guidelines he or she should return the gift to the Vendor.

Holiday Gifts

ASCO is aware that it is customary for Vendors in some industries to send gifts to their clients during the holiday season. In lieu of gifts to employees, ASCO would prefer that Vendors donate to the Conquer Cancer Foundation. Any donations should be given and received as a gesture of good will and in the spirit of seasonal giving, with no expectation of reciprocal obligation.

Business Meals and Social Events

Employees may attend occasional business meals hosted and attended by Vendors. Business meals must have a legitimate business purpose and be moderate in price. Employees may attend occasional social or recreational events, such as sporting events or charity dinners, at the invitation of, and attended by, Vendors if the event serves a legitimate business purpose.

Legitimate business purposes may include the opportunity for the Vendor to learn more about ASCO and for Employees to learn more about the Vendor's business in support of the Vendor's ability to deliver quality services. It is generally not necessary or appropriate for Employees to travel for the purpose of such meals and events. Invitations to meals and social events should not include the employee's spouse or guest, or the employee should pay for the spouse/guest's meal or ticket.

Demonstration of Capabilities

Items or services provided *gratis* by a Vendor for the legitimate business purpose of demonstrating the Vendor's capabilities to meet ASCO's needs are generally not considered gifts. For example, an employee may accept a complimentary meal or accommodation for the purpose of evaluating a restaurant's or hotel's suitability for an ASCO meeting.

Disclosure and Discipline

Disclosure is not required for gifts that are accepted or events that are attended in accordance with these guidelines.

Acceptance of a gift that is inconsistent with these guidelines shall be brought to the immediate attention of the ASCO Compliance Officer or ASCO's Associate Counsel, Ethics and must be promptly disclosed under the Implementation of ASCO's Conflict of Interest Policy for ASCO Leadership if the employee is subject to that policy.

A Vendor that knowingly offers or gives a gift inconsistent with these guidelines may be disqualified from an ASCO engagement. An ASCO employee who accepts a gift inconsistent with these guidelines may be disqualified from working with or participating in the selection of the Vendor, or may be subject to discipline.

Application:

Applies to ASCO

History:

Adopted by the Office of the Chief Executive Officer on October 10, 2008 Amended on April 19, 2013

Appendix G: Sample Whistleblower Policies

Sample Whistleblower Policy #1: From the Law and Society Association

Purpose and Scope:

LSA is committed to complying with all state and federal laws and regulations applicable to it. It is the responsibility of all directors, officers, employees, and volunteers to comply with State and Federal law and the Association's policies contained herein. LSA will seek to prevent, deter, and detect violations of state and federal law through internal controls and operating procedures.

This Whistleblower Policy is designed to encourage and enable LSA employees and others to report their good faith concerns about misconduct, including violations of law, regulations, or LSA policies and procedures, including but not limited to the Ethics Policy. This Policy is not intended to supplant existing LSA policies. Thus, complaints or grievances such as those regarding discrimination or harassment, personnel, employment and labor relations matters, academic matters, and other matters for which LSA has specific policies, should continue to be made and addressed in accordance with the policies and procedures applicable to such matters and applicable law.

Reporting:

Any person may report allegations of misconduct and information relating to illegal practices or violations of policies of LSA. Reports shall focus on facts and should avoid speculation. Reports shall include as much detailed information as possible to facilitate evaluation of the nature, extent and urgency of the investigation.

Employees may report allegations of misconduct to their supervisor or other appropriate supervisors in their work area. Employees may also make reports internally to a member of the LSA governance body, typically the President of LSA's Board of Trustees. All reports of misconduct relating to the President should be directed to the most current Past President or President-elect. LSA recommends that persons who are not employees of LSA make reports to the senior LSA administrator unless that administrator is the object of the report or holds one of the positions listed above. Reports of illegal actions may be made outside LSA to appropriate authorities.

Observed violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Anonymous reporting must include sufficient detailed information to warrant an investigation. All reports of observed violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

The President, Past President, or President-elect of the Board of Trustees will notify the individual who made the report and acknowledge receipt of the report within five business days. All reports will be

promptly investigated and appropriate corrective action will be taken if warranted by the investigation. Any reporter who makes a knowingly false or malicious allegation of misconduct, as described in this ***, shall be subject to appropriate disciplinary actions.

Protection from Retaliation:

This Whistleblower Protection Policy applies to all of the Organization's staff, whether full-time, part-time, or temporary employees, to all members, to all who provide contract services, and to all officers and directors, each of whom shall be entitled to protection.

No individual, including staff or volunteer, who in good faith reports misconduct or suspected misconduct (whether internally or to authorities outside LSA) shall suffer retaliation, intimidation, harassment, or other adverse action for reporting information for having made such a report. Individuals who believe that they have suffered any form of retaliation may report it by one of the reporting methods identified above. Making a report pursuant to this Policy shall not insulate an individual from personnel or other actions that are warranted based upon performance or other factors and are not caused by making a report under this Policy.

Any individual within LSA who retaliates against another individual who has reported a violation in good faith or who, in good faith, has cooperated in the investigation of a violation is subject to discipline, including termination of employment or volunteer status.

Approved by the Law and Society Association Board of Trustees on May 28, 2014

Sample Whistle Blower Policy #2: From Association of International Certified Professional Accountants

Purpose of this Tool

A whistle-blower policy creates a mechanism whereby, if an employee or volunteer becomes aware of a violation of policy or law, this can be reported without fear of retaliation. Not-for-profit entities (NFPs) can protect the organization and ensure that directors, employees and volunteers are aware of the policy and understand how to report concerns

General

The Organization Code of Conduct (the code) requires directors, key volunteers, and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. Employees and representatives of the organization must practice honesty and integrity in fulfilling their responsibilities and comply with all applicable laws and regulations.

The objectives of the Whistle-Blower Policy are to establish policies and procedures for the following:

- The submission of concerns regarding questionable accounting or audit matters by employees, directors, officers, volunteers, and other stakeholders of the organization, on a confidential and anonymous basis
- The receipt, retention, and treatment of complaints received by the organization regarding accounting, internal controls, or auditing matters
- The protection of directors, volunteers, and employees reporting concerns from retaliatory actions

Reporting Responsibility

Each director, volunteer, and employee of the Organization has an obligation to report in accordance with this whistle-blower policy questionable or improper accounting or auditing matters, and violations and suspected violations of Organization's code (concerns).

Acting in Good Faith

Anyone reporting a concern must act in good faith and have reasonable grounds for believing the information disclosed indicates an improper accounting or auditing practice, or a violation of the code.

The act of making allegations that prove to be unsubstantiated, and that prove to have been made maliciously, recklessly, or with the foreknowledge that the allegations are false, will be viewed as a serious disciplinary offense. It may also result in discipline, up to and including dismissal from the volunteer position or termination of employment. Such conduct may also give rise to other actions, including civil lawsuits.

Confidentiality

Reports of concerns, and investigation pertaining thereto, shall be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation. Disclosure of reports of concerns to individuals not involved in the investigation will be viewed as a serious disciplinary offense and may result in discipline, up to and including termination of employment. Such conduct may also give rise to other actions, including civil lawsuits.

Authority of Audit Committee

All reported concerns will be forwarded to the audit committee in accordance with the procedures set forth herein. The audit committee shall be responsible for investigating and making appropriate recommendations to the board of directors, with respect to all reported concerns.

No Retaliation

This whistle-blower policy is intended to encourage and enable directors, volunteers, and employees to raise concerns within the organization for investigation and appropriate action. With this goal in mind, no director, volunteer, or employee who, in good faith, reports a concern shall be subject to retaliation or, in the case of an employee, adverse employment consequences. Moreover, a volunteer or employee who retaliates against someone who has reported a concern in good faith is subject to discipline up to and including dismissal from the volunteer position or termination of employment.

Encouragement of Reporting

The organization encourages complaints, reports, or inquiries about illegal practices or serious violations of the code, including illegal or improper conduct by the organization itself, by its leadership, or by others on its behalf. Appropriate subjects to raise under this policy would include financial improprieties, accounting or audit matters, ethical violations, or other similar illegal or improper practices or policies. Other subjects on which the organization has existing complaint mechanisms should be addressed under those mechanisms, such as raising matters of alleged discrimination or harassment through the organization's human resources channels, unless those channels are themselves implicated in the wrongdoing. This policy is not intended to provide a means of appeal from outcomes in those other mechanisms.

Employees

Employees should first discuss their concern with their immediate supervisor. If, after speaking with his or her supervisor, the individual continues to have reasonable grounds to believe the concern is valid, the individual should report the concern to the director of human resources. However, if the individual is uncomfortable speaking with his or her supervisor, or the supervisor is a subject of the concern, the individual should report his or her concern directly to the director of human resources or a level above the supervisor. In addition, suspected fraud should be reported directly to the chair of the audit committee, who may be contacted by phone at (Telephone Number), by e-mail at (e-mail address) or

by regular mail at:

First Name/Last Name, Audit Committee Chair
[insert mailing address]

If the concern was reported verbally to the director of human resources, the reporting individual, with assistance from the director of human resources, shall reduce the concern to writing. The director of human resources is required to promptly report the concern to the chair of the audit committee, which has specific and exclusive responsibility to investigate all concerns. If the director of human resources, for any reason, does not promptly forward the concern to the audit committee, the reporting individual should directly report the concern to the chair of the audit committee. Concerns may also be submitted anonymously. Such anonymous concerns should be in writing and sent directly to the chair of the audit committee.

Directors and Other Volunteers

Directors and other volunteers should submit concerns in writing directly to the chair of the audit committee.

Handling of Reported Violations

The audit committee shall address all reported concerns. The chair of the audit committee shall immediately notify the audit committee, the president, the CEO, and chief operating officer of any such report. The chair of the audit committee will notify the sender and acknowledge receipt of the concern within five business days, if possible. It will not be possible to acknowledge receipt of anonymously submitted concerns.

All reports will be promptly investigated by the audit committee, and appropriate corrective action will be recommended to the board of directors, if warranted by the investigation. In addition, action taken must include a conclusion or follow-up, or both, with the complainant for complete closure of the concern.

The audit committee has the authority to retain outside legal counsel, accountants, private investigators, or any other resource deemed necessary to conduct a full and complete investigation of the allegations.

Sample Whistle Blower Policy #3: From the National Council on Nonprofit Associations

General

{organization name} (Organization) Code of Ethics and Conduct (“Code”) requires directors, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of the Organization, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

Reporting Responsibility

It is the responsibility of all directors, officers and employees to comply with the Code and to report violations or suspected violations in accordance with this Whistleblower Policy.

No Retaliation

No director, officer or employee who in good faith reports a violation of the Code shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within the Organization prior to seeking resolution outside the Organization.

Reporting Violations

The Code addresses the Organization’s open-door policy and suggests that employees share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee’s supervisor is in the best position to address an area of concern. However, if you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor’s response, you are encouraged to speak with someone in the Human Resources Department or anyone in management whom you are comfortable in approaching. Supervisors and managers are required to report suspected violations of the Code of Conduct to the Organization’s Compliance Officer, who has specific and exclusive responsibility to investigate all reported violations. For suspected fraud, or when you are not satisfied or uncomfortable with following the Organization’s open-door policy, individuals should contact the Organization’s Compliance Officer directly.

Compliance Officer

The Organization’s Compliance Officer is responsible for investigating and resolving all reported complaints and allegations concerning violations of the Code and, at his discretion, shall advise the Executive Director and/or the audit committee. The Compliance Officer has direct access to the audit committee of the board of directors and is required to report to the audit committee at least annually on compliance activity. The Organization’s Compliance Officer is the chair of the audit committee.

Accounting and Auditing Matters

The audit committee of the board of directors shall address all reported concerns or complaints regarding corporate accounting practices, internal controls or auditing. The Compliance Officer shall immediately notify the audit committee of any such complaint and work with the committee until the matter is resolved.

Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code. Any allegations that prove not to be substantiated and that prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

The Compliance Officer will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

May vs. shall

May denotes an allowance for discretion; shall denotes something that is required.