**ETHICS AND CONFLICT OF INTEREST POLICY**

**COMMITMENT TO ETHICAL STANDARDS**

[EMPLOYER'S NAME] upholds a strong commitment to professionalism and integrity in all its operations and activities. We expect every employee to adhere to the highest ethical standards and comply with all applicable laws. This policy aims to raise awareness about potential conflicts of interest and provides guidance for identifying and reporting such situations. It is also designed to ensure compliance with applicable federal, state, and local laws, including relevant provisions under Rhode Island law.

Employees must prioritize the interests of [EMPLOYER'S NAME] and avoid any external influences that could interfere with their job responsibilities. Using one’s position at [EMPLOYER'S NAME] or relationships with [clients/customers/vendors/suppliers/contractors] for personal benefit, or to gain advantages for oneself or family members, is strictly prohibited.

A conflict of interest arises when an employee’s personal or financial interests conflict with the best interests of [EMPLOYER'S NAME] or their professional obligations. For instance, this may occur if an employee can influence decisions that result in personal or familial benefit due to [EMPLOYER'S NAME]’s business operations.

If you are uncertain about whether a particular circumstance may present a conflict of interest, consult the [DEPARTMENT NAME] Department for further guidance.

**GIFTS, FAVORS AND BUSINESS ETIQUETTE**

Guidelines of receiving gifts and favors

Employees are required to make decisions that prioritize the best interests of [EMPLOYER'S NAME]. To ensure transparency and integrity, employees are strictly prohibited from soliciting or accepting gifts, favors, entertainment, payments, or loans from any [client/customer/vendor/supplier/contractor] or entity conducting business with [EMPLOYER'S NAME]. Exceptions may include:

* Gifts valued at less than $[AMOUNT].
* Tickets to events, provided prior approval is obtained from the [DEPARTMENT NAME] Department.
* Loans from financial institutions issued at standard market rates.

Under no circumstances should employees accept cash or cash equivalents.

Guidelines of giving gifts and favors

Similarly, employees must refrain from offering gifts or favors to [clients/customers/vendors/suppliers/contractors] or any business associates without authorization. Exceptions include:

* Gifts under $[AMOUNT], as long as they comply with company policy.
* Tickets for events, provided prior approval has been obtained from the [DEPARTMENT NAME] Department.

Providing cash or cash equivalents as gifts is strictly forbidden.

Policy enforcement

Any violations of this policy will prompt immediate action by [EMPLOYER'S NAME], which may include disciplinary measures up to and including termination, depending on the severity of the violation.

**REPORTING CONFLICTS OF INTEREST**

How to report a concern

If you identify or suspect a potential conflict of interest or ethical issue involving your role or another employee at [EMPLOYER'S NAME], you are required to promptly report the matter. You may do so by:

1. Contacting your direct supervisor.
2. If the concern involves your supervisor, escalating the issue to the next level of management or the [DEPARTMENT NAME] Department.

Reports should be as detailed as possible, including relevant facts, individuals involved, and any supporting information.

Investigation and resolution

[EMPLOYER'S NAME] will conduct a comprehensive and impartial investigation of all reported concerns. Following the investigation, the company will determine if a conflict of interest exists and take appropriate corrective or disciplinary action as needed.

Employees are encouraged to report concerns in good faith, knowing that [EMPLOYER'S NAME] is committed to resolving these matters promptly and fairly.

**NO RETALIATION POLICY**

[EMPLOYER'S NAME] strictly prohibits any form of retaliation, including discipline, intimidation, or reprisal, against employees who:

* Report a potential conflict of interest or violation of this policy in good faith.
* Cooperate with investigations related to such reports.

Retaliation is not tolerated under any circumstances. Employees who believe they have experienced retaliation should report it immediately to [the [DEPARTMENT NAME] Department/appropriate management level]. Prompt action will be taken to investigate and address such concerns.

**ADMINISTRATION OF THIS POLICY**

The [DEPARTMENT NAME] Department oversees the implementation and enforcement of this policy. Employees with questions about the policy or specific concerns regarding conflicts of interest that are not addressed here should contact the [DEPARTMENT NAME] Department for guidance and clarification.

This policy will be administered in accordance with the ethical guidelines and conflict-of-interest standards outlined under Rhode Island law.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The provisions outlined in this policy are designed to align with, and not override, modify, or replace, any terms established in a collective bargaining agreement between a union and [EMPLOYER'S NAME]. Employees covered by such agreements should refer to the specific terms outlined in their collective bargaining agreement. In cases where discrepancies arise between this policy and the collective bargaining agreement, the terms of the collective bargaining agreement will take precedence.

**PROTECTED CONDUCT**

This policy does not restrict or prevent employees from participating in activities protected under local, state, or federal law, including those safeguarded by the National Labor Relations Act. Such activities may include, but are not limited to:

* Discussing wages, benefits, or terms and conditions of employment.
* Forming, joining, or supporting labor unions.
* Bargaining collectively through representatives of their choosing.
* Raising concerns about workplace conditions for their own or their colleagues’ mutual aid or protection.
* Engaging in activities required or protected by applicable law.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date