EXTENDED HANDS CHARITY FOUNDATION

# Institutional Policies & Governance Manual

*Board-approved governance framework | 2026 Edition*

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| **Document Owner** | Board of Trustees / Executive Management |
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| **Next Review** | Every 2 years, or earlier if law, donor requirements or programme risk changes |

## Governance Statement

Good governance separates oversight from day-to-day management while ensuring programmes remain accountable to the Foundation's mission and standards.

The Board of Trustees has approved the policies contained in this governance framework. The Board approval date is 7 January 2024. The signed Board resolution/minutes are retained in the Foundation's governance records.

## Governance Structure

- Board of Trustees: strategic direction, fiduciary oversight, policy approval, risk oversight and stewardship of mission.
- Executive Management: implementation of strategy, programmes, finance, partnerships, people and operations.
- Programme and Operational Assurance: safeguarding, MEAL, procurement, financial controls, documentation, partner management and corrective action.

## Policy Register

| Policy | Status | Review Cycle |
|---|---|---|
| Safeguarding & Child Protection | Board Approved | At least every 2 years |
| PSEAH | Board Approved | At least every 2 years |
| Finance & Internal Controls | Board Approved | At least every 2 years |
| Procurement | Board Approved | At least every 2 years |
| Code of Conduct | Board Approved | At least every 2 years |
| Conflict of Interest | Board Approved | At least every 2 years |
| Anti-Fraud, Bribery & Corruption | Board Approved | At least every 2 years |

| Policy | Status | Review Cycle |
|---|---|---|
| Whistleblowing & Complaints | Board Approved | At least every 2 years |
| Data Protection & Privacy | Board Approved | At least every 2 years |
| MEAL | Board Approved | At least every 2 years |

# Policy 1: Safeguarding & Child Protection Policy

## 1. Purpose

To protect children, women, patients, survivors, community members and other programme participants from abuse, exploitation, neglect, harassment and avoidable harm arising from contact with Extended Hands Charity Foundation, its people, partners or activities.

## 2. Scope

This policy applies to trustees, employees, consultants, volunteers, interns, contractors, implementing partners, media teams, visitors and any person acting on behalf of the Foundation. It applies to physical and digital programme spaces, health interventions, schools, communities, events, research, photography, film and communications.

## 3. Core Principles

- Do no harm and act in the best interests of children and vulnerable participants.
- Zero tolerance for sexual exploitation, abuse, harassment, violence, trafficking and child abuse.
- Survivor-centred, confidential and non-retaliatory response.
- Informed consent and dignity in photography, testimony, film and case studies.
- Prompt reporting of safeguarding concerns and appropriate referral.

## 4. Safe Recruitment and Engagement

Roles involving direct contact with children or vulnerable people require appropriate screening, references, role descriptions and safeguarding orientation.

- Safeguarding clauses in contracts and partner agreements.
- No unsupervised access to children where the role does not require it.
- Mandatory acknowledgement of the Code of Conduct.

## 5. Behaviour Standards

Personnel must maintain professional boundaries and must never use their position to exploit, intimidate, coerce or obtain sexual, financial or other personal benefit from a participant.

- No sexual activity with children under 18, regardless of local age-of-consent rules.
- No exchange of money, employment, goods or services for sex or sexual activity.
- No humiliating, degrading or discriminatory treatment.
- Avoid being alone with a child where safer alternatives are reasonably available.

## 6. Reporting and Response

Anyone who witnesses, suspects or receives a disclosure of safeguarding harm must report it promptly through the designated safeguarding channel. Immediate safety takes priority over investigation.

- Listen without blame or interrogation.
- Record facts accurately and confidentially.
- Refer urgent medical, psychosocial or protection needs appropriately.
- Do not promise secrecy; explain limited need-to-know sharing.

## 7. Consent, Images and Stories

Clinical consent, programme participation consent and media consent are separate. Refusal to be photographed or interviewed must never affect access to services.

- Use written or otherwise documented informed consent.
- For children, obtain appropriate guardian consent and child assent where applicable.
- Avoid identifying survivors or patients where disclosure may create stigma or risk.
- Consent for media use should be specific and revocable where practicable.

## 8. Partner Safeguarding

Partners delivering activities with the Foundation must meet equivalent safeguarding standards and report serious incidents affecting Foundation-supported activities.

## 9. Roles and Accountability

The Board of Trustees provides oversight and approves this policy. Executive Management is responsible for implementation. Managers and programme leads must ensure that staff, consultants, volunteers and relevant partners understand and comply with the policy. Breaches may result in corrective action, disciplinary measures, termination of engagement, referral to competent authorities, or other action appropriate to the circumstances.

## 10. Reporting and Record Keeping

Reports, decisions, approvals, incidents and corrective actions arising under this policy must be documented and retained securely in accordance with the Foundation's data-protection and records requirements. Confidential information must be accessible only to persons with a legitimate need to know.

## 11. Review

This policy will be reviewed at least every two years and earlier where required by law, donor requirements, audit findings, safeguarding incidents, programme learning or material changes in the Foundation's operations.

## Board Approval Statement

The Board of Trustees of Extended Hands Charity Foundation has approved this policy as part of the Foundation's institutional governance framework. The Board approval date is 7 January 2024. The signed Board resolution/minutes are retained in the Foundation's governance records.

# Policy 2: Prevention of Sexual Exploitation, Abuse & Harassment (PSEAH) Policy

## 1. Purpose

To prevent and respond to sexual exploitation, sexual abuse and sexual harassment connected to the Foundation's personnel, programmes, partners and resources.

## 2. Scope

Applies to all trustees, staff, consultants, volunteers, interns, contractors, partners and representatives, at all times when acting for or associated with the Foundation.

## 3. Core Principles

- Zero tolerance for sexual exploitation and abuse.
- No abuse of power, vulnerability or trust for sexual purposes.
- Survivor-centred response and confidentiality.
- Non-retaliation for good-faith reporting.
- Mandatory reporting of suspected SEA involving Foundation personnel or activities.

## 4. Prohibited Conduct

Sexual exploitation, sexual abuse and sexual harassment are prohibited. Consent cannot be inferred where power imbalance, coercion, threat, dependency or exploitation is present.

- Sex in exchange for money, assistance, employment, contracts, services or benefits is prohibited.
- Sexual activity with anyone under 18 is prohibited.
- Sexual comments, unwanted advances, touching, requests or intimidation are prohibited.
- Retaliation against complainants, witnesses or reporters is prohibited.

## 5. Reporting Channels

The Foundation will maintain confidential reporting options appropriate to staff and communities, including a designated focal person and a written complaints channel.

- Anonymous reporting should be accepted where feasible.
- Reports should be acknowledged promptly.
- Information should be shared only on a need-to-know basis.

## 6. Response and Investigation

The Foundation will prioritize safety, medical and psychosocial support, preserve confidentiality, avoid conflicts of interest and use competent investigators where investigation is required.

- Separate survivor support from disciplinary investigation.
- Apply interim protective measures where needed.
- Refer criminal conduct to competent authorities where lawful and safe, taking survivor interests into account.

## 7. Partner Requirements

Funding and implementation agreements should include PSEAH obligations, reporting duties and consequences for non-compliance.

## 8. Roles and Accountability

The Board of Trustees provides oversight and approves this policy. Executive Management is responsible for implementation. Managers and programme leads must ensure that staff, consultants, volunteers and relevant partners understand and comply with the policy. Breaches may result in corrective action, disciplinary measures, termination of engagement, referral to competent authorities, or other action appropriate to the circumstances.

## 9. Reporting and Record Keeping

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## 10. Review

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# Policy 3: Finance & Internal Controls Policy

## 1. Purpose

To establish a reliable system for budgeting, authorization, banking, accounting, grant management, documentation, reporting and protection of Foundation and donor resources.

## 2. Scope

Applies to all Foundation funds and assets, including grants, donations, programme funds, restricted and unrestricted resources, bank accounts, cash, equipment and financial records.

## 3. Core Principles

- Accountability and traceability.
- Segregation of duties wherever practical.
- No expenditure without proper authorization, purpose and supporting evidence.
- Budgetary control and donor compliance.
- Timely bank reconciliation and financial reporting.
- No commingling of personal and Foundation funds.

## 4. Budgeting

All projects and operating activities must have approved budgets before commitments are made. Budget-versus-actual performance should be reviewed regularly.

- Donor restrictions must be recorded and followed.
- Material budget changes require the approvals specified by donor agreements and internal authority limits.

## 5. Authorization and Segregation of Duties

No single person should initiate, approve, pay and reconcile the same transaction where practical. Approval limits should be documented in an authority matrix.

## 6. Banking and Payments

Foundation funds must be held in accounts in the Foundation's name. Bank signatories and electronic banking access must be formally authorized.

- Payments should preferably be made through traceable banking channels.
- Blank cheques and shared banking credentials are prohibited.
- Bank reconciliations should be prepared monthly and independently reviewed.

## 7. Supporting Documentation

Every transaction must have sufficient evidence such as an approved request, invoice, contract, delivery evidence, receipt, payment proof and relevant procurement documentation.

## 8. Grant Accounting and Reporting

Restricted grants must be tracked by project and donor. Financial reports must reconcile to the accounting records and supporting documents.

## 9. Assets and Inventory

The Foundation will maintain an asset register for material equipment and property, recording custodian, location, acquisition information and disposal approval.

## 10. Audit and Assurance

The Foundation will cooperate with statutory audits, donor audits, spot checks and agreed-upon procedures and will track corrective actions to closure.

## 11. Roles and Accountability

The Board of Trustees provides oversight and approves this policy. Executive Management is responsible for implementation. Managers and programme leads must ensure that staff, consultants, volunteers and relevant partners understand and comply with the policy. Breaches may result in corrective action, disciplinary measures, termination of engagement, referral to competent authorities, or other action appropriate to the circumstances.

## 12. Reporting and Record Keeping

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## 13. Review

This policy will be reviewed at least every two years and earlier where required by law, donor requirements, audit findings, safeguarding incidents, programme learning or material changes in the Foundation's operations.

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# Policy 4: Procurement Policy

## 1. Purpose

To ensure that goods, works and services are acquired fairly, transparently, competitively and with appropriate value for money, documentation and conflict-of-interest controls.

## 2. Scope

Applies to procurement funded by the Foundation or donors, including consultants, vendors, contractors, goods, construction, professional services and programme supplies.

## 3. Core Principles

- Value for money, not simply lowest price.
- Fair and open competition where practicable.
- Proportionate due diligence based on value and risk.
- No splitting purchases to avoid approval thresholds.
- Documented conflicts of interest and recusal.
- Donor procurement rules prevail where stricter.

## 4. Procurement Planning

Material procurements should be anticipated in project budgets and procurement plans. Specifications must be clear and must not be written to unfairly favour a supplier.

## 5. Competition and Quotations

The Foundation will use a proportionate quotation process. The Board or Management may approve a written threshold schedule for one quote, three quotes, formal request for quotations and competitive tendering.

- Any single-source procurement must have written justification and approval.
- Emergency procurement must be documented after the fact with the reason, approval and value-for-money basis.

## 6. Vendor Due Diligence

Before material awards, the Foundation should verify identity, capability, banking information, relevant registration, references where appropriate and conflicts of interest.

## 7. Evaluation and Award

Evaluation should consider price, quality, technical capability, delivery, safeguarding, integrity, past performance and total cost. Decisions must be documented.

## 8. Contract Management

Material procurements should use written purchase orders or contracts defining deliverables, price, timing, acceptance, payment and relevant safeguarding or compliance obligations.

## 9. Construction and School WASH

For toilet construction or rehabilitation, procurement files should include site assessment, bill of quantities, technical specification, contractor selection, milestone verification, safety requirements and completion/hand-over documentation.

## 10. Roles and Accountability

The Board of Trustees provides oversight and approves this policy. Executive Management is responsible for implementation. Managers and programme leads must ensure that staff, consultants, volunteers and relevant partners understand and comply with the policy. Breaches may result in corrective action, disciplinary measures, termination of engagement, referral to competent authorities, or other action appropriate to the circumstances.

## 11. Reporting and Record Keeping

Reports, decisions, approvals, incidents and corrective actions arising under this policy must be documented and retained securely in accordance with the Foundation's data-protection and records requirements. Confidential information must be accessible only to persons with a legitimate need to know.

## 12. Review

This policy will be reviewed at least every two years and earlier where required by law, donor requirements, audit findings, safeguarding incidents, programme learning or material changes in the Foundation's operations.

## Board Approval Statement

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# Policy 5: Code of Conduct

## 1. Purpose

To define the ethical and professional standards expected of every person representing Extended Hands Charity Foundation.

## 2. Scope

Applies to trustees, staff, consultants, volunteers, interns, contractors and representatives during Foundation work, travel, events, digital communications and interactions with communities and partners.

## 3. Core Principles

- Respect, dignity and non-discrimination.
- Integrity and avoidance of conflicts of interest.
- Professional boundaries and safeguarding.
- Confidentiality and responsible data use.
- Responsible stewardship of Foundation resources.
- Compliance with law, donor requirements and Foundation policies.

## 4. Respectful Conduct

Personnel must treat colleagues, participants and partners with dignity regardless of sex, age, disability, ethnicity, religion, social status or other protected or personal characteristic.

## 5. Abuse of Position

No person may use Foundation status, resources, beneficiary relationships or decision-making power for improper personal, sexual, political or financial advantage.

## 6. Confidentiality

Sensitive information obtained through health, protection, research, donor or employment activities must not be disclosed without authorization or lawful basis.

## 7. Gifts and Hospitality

Gifts or hospitality that could influence, or appear to influence, an official decision must be declined or disclosed according to the Foundation's conflict-of-interest procedures.

## 8. Public Communications

Only authorized persons may speak on behalf of the Foundation. Staff must protect beneficiary dignity and confidential information on personal and official social media.

## 9. Duty to Report

Personnel must report suspected fraud, safeguarding violations, corruption, harassment, serious conflicts or other material breaches through appropriate channels.

## 10. Roles and Accountability

The Board of Trustees provides oversight and approves this policy. Executive Management is responsible for implementation. Managers and programme leads must ensure that staff, consultants, volunteers and relevant partners understand and comply with the policy. Breaches may result in corrective action, disciplinary measures, termination of engagement, referral to competent authorities, or other action appropriate to the circumstances.

## 11. Reporting and Record Keeping

Reports, decisions, approvals, incidents and corrective actions arising under this policy must be documented and retained securely in accordance with the Foundation's data-protection and records requirements. Confidential information must be accessible only to persons with a legitimate need to know.

## 12. Review

This policy will be reviewed at least every two years and earlier where required by law, donor requirements, audit findings, safeguarding incidents, programme learning or material changes in the Foundation's operations.

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# Policy 6: Conflict of Interest Policy

## 1. Purpose

To identify, disclose and manage situations in which personal, family, financial, professional or organizational interests could improperly influence Foundation decisions.

## 2. Scope

Applies to trustees, officers, employees, consultants and anyone participating in procurement, recruitment, grants, contracting, partnerships or financial decisions.

## 3. Core Principles

- Disclosure before decision-making.
- Recusal where impartiality may reasonably be questioned.
- Documented management of actual, potential and perceived conflicts.
- No preferential treatment of related parties.
- Related-party transactions require enhanced scrutiny and approval.

## 4. Annual Declarations

Trustees and designated senior personnel should complete an annual conflict-of-interest declaration and update it when circumstances change.

## 5. Meeting Disclosures

A person with an interest in a matter must disclose it before discussion or decision and should leave the decision process where recusal is required.

## 6. Related Parties

Transactions involving trustees, staff, family members or controlled entities must be demonstrably in the Foundation's best interests, appropriately priced, independently reviewed and documented.

## 7. Register

The Foundation will maintain a confidential conflict-of-interest register recording disclosures, management decisions and recusals.

## 8. Roles and Accountability

The Board of Trustees provides oversight and approves this policy. Executive Management is responsible for implementation. Managers and programme leads must ensure that staff, consultants, volunteers and relevant partners understand and comply with the policy. Breaches may result in corrective action, disciplinary measures, termination of engagement, referral to competent authorities, or other action appropriate to the circumstances.

## 9. Reporting and Record Keeping

Reports, decisions, approvals, incidents and corrective actions arising under this policy must be documented and retained securely in accordance with the Foundation's data-protection and records requirements. Confidential information must be accessible only to persons with a legitimate need to know.

## 10. Review

This policy will be reviewed at least every two years and earlier where required by law, donor requirements, audit findings, safeguarding incidents, programme learning or material changes in the Foundation's operations.

## Board Approval Statement

The Board of Trustees of Extended Hands Charity Foundation has approved this policy as part of the Foundation's institutional governance framework. The Board approval date is 7 January 2024. The signed Board resolution/minutes are retained in the Foundation's governance records.

# Policy 7: Anti-Fraud, Bribery & Corruption Policy

## 1. Purpose

To prevent, detect, report and respond to fraud, bribery, corruption, theft, diversion, falsification and other misuse of Foundation or donor resources.

## 2. Scope

Applies to trustees, staff, consultants, volunteers, contractors, vendors, partners and all transactions or activities involving Foundation resources.

## 3. Core Principles

- Zero tolerance for fraud and bribery.
- No facilitation payments or kickbacks.
- Accurate books and records.
- Proportionate due diligence.
- Protection of good-faith reporters.
- Prompt investigation and recovery/corrective action where appropriate.

## 4. Prohibited Conduct

Fraud includes intentional deception or concealment for gain or to cause loss. Bribery includes offering, giving, requesting or receiving an improper advantage to influence action.

- False invoices, receipts, attendance records or beneficiary lists are prohibited.
- Kickbacks, secret commissions and bid manipulation are prohibited.
- Diversion of programme goods, cash or assets is prohibited.

## 5. Prevention Controls

The Foundation will use approval limits, segregation of duties, procurement competition, vendor checks, bank reconciliation, asset records and documentation standards to reduce fraud risk.

## 6. Reporting and Investigation

Suspected fraud or corruption must be reported promptly. Investigations should be independent of implicated persons and preserve evidence and confidentiality.

## 7. Consequences

Confirmed misconduct may lead to disciplinary action, termination, contract remedies, recovery of funds, donor notification and referral to competent authorities where appropriate.

## 8. Roles and Accountability

The Board of Trustees provides oversight and approves this policy. Executive Management is responsible for implementation. Managers and programme leads must ensure that staff, consultants, volunteers and relevant partners understand and comply with the policy. Breaches may result in corrective action, disciplinary measures, termination of engagement, referral to competent authorities, or other action appropriate to the circumstances.

## 9. Reporting and Record Keeping

Reports, decisions, approvals, incidents and corrective actions arising under this policy must be documented and retained securely in accordance with the Foundation's data-protection and records requirements. Confidential information must be accessible only to persons with a legitimate need to know.

## 10. Review

This policy will be reviewed at least every two years and earlier where required by law, donor requirements, audit findings, safeguarding incidents, programme learning or material changes in the Foundation's operations.

## Board Approval Statement

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# Policy 8: Whistleblowing & Complaints Policy

## 1. Purpose

To provide safe, accessible and fair channels for staff, programme participants, partners and members of the public to raise concerns about misconduct, safeguarding, fraud, service quality or other Foundation matters.

## 2. Scope

Applies to complaints and disclosures concerning Foundation personnel, partners, programmes, services, procurement, safeguarding and use of resources.

## 3. Core Principles

- Accessibility and respect.
- Confidentiality and data minimisation.
- No retaliation for good-faith reporting.
- Prompt acknowledgement and proportionate response.
- Impartial review and documented closure.
- Referral to specialist safeguarding procedures where required.

## 4. Channels

The Foundation should maintain at least one written channel and one person-based channel. Programme-specific channels should be communicated in accessible language.

## 5. Triage

Complaints must be categorized promptly. Safeguarding, PSEAH, fraud and threats to life or safety require immediate escalation under the relevant policy.

## 6. Service Standards

The Foundation should acknowledge complaints promptly, communicate expected next steps where safe, investigate proportionately and record outcomes.

## 7. Non-Retaliation

Threats, dismissal, disadvantage, harassment or retaliation against a person who raises a good-faith concern are prohibited.

## 8. Appeal or Review

Where appropriate, complainants should be informed of an internal review or escalation option if dissatisfied with the handling of a complaint.

## 9. Roles and Accountability

The Board of Trustees provides oversight and approves this policy. Executive Management is responsible for implementation. Managers and programme leads must ensure that staff, consultants, volunteers and relevant partners understand and comply with the policy. Breaches may result in corrective action, disciplinary measures, termination of engagement, referral to competent authorities, or other action appropriate to the circumstances.

## 10. Reporting and Record Keeping

Reports, decisions, approvals, incidents and corrective actions arising under this policy must be documented and retained securely in accordance with the Foundation's data-protection and records requirements. Confidential information must be accessible only to persons with a legitimate need to know.

## 11. Review

This policy will be reviewed at least every two years and earlier where required by law, donor requirements, audit findings, safeguarding incidents, programme learning or material changes in the Foundation's operations.

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# Policy 9: Data Protection & Privacy Policy

## 1. Purpose

To protect personal and sensitive information collected through the Foundation's health, protection, education, research, donor, employment and operational activities.

## 2. Scope

Applies to paper and electronic data concerning beneficiaries, patients, children, survivors, donors, staff, volunteers, partners, applicants and other individuals.

## 3. Core Principles

- Collect only what is necessary.
- Use data for clear and legitimate purposes.
- Apply enhanced protection to health, safeguarding and child data.
- Limit access according to role and need.
- Keep data accurate, secure and no longer than necessary.
- Obtain appropriate consent or other lawful basis for use.

## 4. Sensitive Programme Data

Medical records, fistula case information, SGBV disclosures, trafficking information, children's data and safeguarding records require heightened confidentiality and restricted access.

## 5. Collection and Consent

Privacy information should explain what data is collected, why, who may receive it, how long it may be kept and how concerns can be raised.

## 6. Access and Security

Electronic records should use access controls and secure storage. Paper records should be kept in controlled locations. Passwords and credentials must not be shared.

## 7. Data Sharing

Personal data may be shared with hospitals, referral providers, donors or partners only where necessary, lawful, appropriately protected and consistent with participant expectations and consent requirements.

## 8. Retention and Disposal

The Foundation will maintain retention periods appropriate to legal, donor, clinical and safeguarding needs and securely dispose of records when retention is no longer justified.

## 9. Data Breaches

Suspected loss, unauthorized access or disclosure must be reported promptly so risk can be contained, assessed and notifications made where required.

## 10. Roles and Accountability

The Board of Trustees provides oversight and approves this policy. Executive Management is responsible for implementation. Managers and programme leads must ensure that staff, consultants, volunteers and relevant partners understand and comply with the policy. Breaches may result in corrective action, disciplinary measures, termination of engagement, referral to competent authorities, or other action appropriate to the circumstances.

## 11. Reporting and Record Keeping

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# Policy 10: Monitoring, Evaluation, Accountability & Learning (MEAL) Policy

## 1. Purpose

To ensure that Extended Hands programmes define results, collect reliable evidence, remain accountable to participants and partners, and use learning to improve programme quality.

## 2. Scope

Applies to Foundation programmes, grants, campaigns, research, health interventions, school activities, livelihood programmes and storytelling-for-social-change initiatives.

## 3. Core Principles

- Measure outcomes, not only activities.
- Use proportionate indicators and realistic baselines.
- Protect privacy and dignity in data collection.
- Disaggregate data where useful and safe.
- Create feedback channels for participants.
- Use findings to adapt programmes and communicate honestly about results and challenges.

## 4. Results Frameworks

Each material programme should define objectives, outputs, outcomes, indicators, data sources, frequency and responsibility before implementation.

## 5. Data Quality

Programme teams should use consistent definitions, source documents, unique identifiers where appropriate, verification checks and periodic data-quality review.

## 6. Health and Fistula Programmes

Where appropriate, monitoring may include referrals, surgeries completed, discharge, follow-up, counselling, reintegration and longer-term livelihood outcomes while protecting patient confidentiality.

## 7. School WASH and Hygiene First

Monitoring should include facility functionality, handwashing access, hygiene knowledge, maintenance arrangements, student participation and, where feasible, attendance or dignity-related outcomes.

## 8. Protection Programmes

Measures may include knowledge, confidence to report, referral awareness, youth participation, school structures and community engagement, with careful safeguarding of sensitive disclosures.

## 9. Storytelling for Social Change

Impact measurement should distinguish audience reach from deeper outcomes such as facilitated dialogue, stakeholder engagement, institutional commitments, policy influence and documented follow-on action.

## 10. Learning and Reporting

Teams should review results and challenges periodically, document lessons and make corrective decisions. Public reporting must distinguish verified results from targets, estimates and aspirations.

## 11. Roles and Accountability

The Board of Trustees provides oversight and approves this policy. Executive Management is responsible for implementation. Managers and programme leads must ensure that staff, consultants, volunteers and relevant

partners understand and comply with the policy. Breaches may result in corrective action, disciplinary measures, termination of engagement, referral to competent authorities, or other action appropriate to the circumstances.

## 12. Reporting and Record Keeping

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