



POLICIES | FIRST EDITION

IAF WHISTLEBLOWING POLICY

Speaking up, protection
and responsible investigation

STABLE RELEASE

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Reporting routes and case handling
Protection and investigation procedures
Implementation records and references

International Automotive Federation

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Publication identity and use

Report suspected wrongdoing and protect people who raise concerns.

Control	Publication record
Document	IAF-POL-009 Whistleblowing Policy
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Text issued	14 September 2026 English master text
Policy owner	Ethics and Integrity Committee
Approving authority	Competent Presidential Council authority under IAF-CON-001
Operational commencement	The actual approval reference and effective date are recorded in the controlled approval notice and IAF-RG-001.
Classification	Public core policy. Completed case records and operational details are classified according to their content.

How to apply this policy

Apply the numbered requirements to the relevant activity and use the annexes with the existing IAF forms. Record the responsible person, authority, evidence and dates for each decision. “Shall” states a requirement; “may” permits a justified choice within the stated authority.

Authority and document control

Mandatory law and the filed corporate instrument prevail, followed by the lawfully adopted Constitution and the applicable policies and programme rules. This policy supplements the IAF quality documentation. It does not amend constitutional offices, grant an external mandate or establish that operational appointments and systems are already in place.

The Constitution identifies 05 May 2025 as its designated effective date. This newly issued policy takes operational effect through its actual competent approval notice. The Secretariat maintains the master text, related instructions and revision history under IAF-PR-001.

Contents

The policy requirements and operating procedures are followed by implementation records and document references. Annex templates support the existing IAF forms and do not replace required competent decisions.

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Related policy series

IAF-POL-010 Appeals and Complaints Policy
IAF-POL-011 IAF Mark Usage Policy
IAF-POL-012 Data Protection and Privacy Policy
IAF-POL-013 Conflict of Interest Policy

1 Purpose scope and definitions

1.1 IAF shall provide a confidential and impartial process for receiving, examining and addressing suspected wrongdoing connected with the Federation or an activity within its authority. This policy applies to the President, Presidential Council, committees, Secretariat, employees, members, assessors, contractors, representatives and programme participants.

1.2 Reports may concern falsified testing or assessment evidence, unsafe practices, bribery, fraud, financial abuse, concealed conflicts, unlawful discrimination or harassment, misuse of marks, privacy breaches, retaliation, interference with elections or independent decisions, or concealment of such matters. A report may concern past conduct, an ongoing event or a credible prospective risk.

1.3 A reporting person may be a current or former worker, applicant, volunteer, member, client, supplier, learner, juror or other person with relevant information. Membership is not required. Protection shall also extend within IAF authority to facilitators, witnesses and persons associated with the reporter who could suffer retaliation.

1.4 Whistleblowing concerns suspected wrongdoing. An ordinary service complaint follows IAF-POL-010; a challenge to a notified decision follows its appeal procedure. A submission may contain all three. The receiving officer shall preserve the original receipt date and coordinate linked records without forcing the reporter to choose a technically precise classification.

1.5 A reasonable concern is information the reporter reasonably believes to be true at the time, even if it is incomplete or later unsubstantiated. Proof beyond doubt is not required. Personal motives do not by themselves defeat protection. A knowingly false statement requires separate evidence and a fair process before any action.

1.6 This policy implements Constitution Articles 7, 22 to 24 and 26, and supplements IAF-POL-003. It creates no immunity from applicable law and no power to displace constitutional offices. Lawful external reporting, protected disclosures and urgent remedies remain available without first completing an internal process.

2 Protection and fair treatment

2.1 IAF prohibits threats or adverse treatment because a person made, supported or considered a protected report. Examples include dismissal, demotion, exclusion from committee work, denial of a fair technical assessment, unjustified membership action, supplier blacklisting, adverse references, harassment or misuse of confidentiality obligations.

2.2 The identity of a reporter and information from which it may be inferred shall be restricted to authorized persons who need it. It shall not be disclosed beyond that group without an appropriate legal basis or the reporter's informed agreement where relevant. IAF shall explain lawful limits and shall not promise absolute anonymity or secrecy that it cannot provide.

2.3 The person concerned by an allegation shall receive a meaningful opportunity to respond to sufficiently particularized allegations and material adverse evidence. The timing and form may protect evidence, witnesses or an ongoing lawful investigation. A redacted summary may be used where justified, but a final adverse finding shall not rest on an undisclosed case that the person could not meaningfully answer.

2.4 Reports shall be assessed on their substance, including anonymous reports. The absence of a name or supporting document is not an automatic ground for rejection. Where follow-up is impossible, the case manager shall document the available evidence, limitations and proportionate inquiries that remain possible.

2.5 No confidentiality agreement, membership undertaking, settlement, mark licence or cooperation memorandum shall prohibit reporting that applicable law protects. A person may obtain independent advice or contact a competent authority. IAF shall not require withdrawal of an external report as a condition of considering an internal concern.

2.6 Support may include a safe communication method, reasonable accessibility adjustments, independent advice, an alternative reporting line, protection of an assignment or temporary safeguards. The responsible unconflicted authority shall document the measure, consent where needed, review date and any effect on other persons. Protective action shall be proportionate and shall not prejudice guilt.

3 Reporting channels and independent responsibility

3.1 Reports may be submitted through the tested confidential channels listed in the approved Channel Schedule in Annex B. The schedule shall provide written and oral routes, a request for a private meeting, an anonymous route where implemented, and an independent alternative for concerns involving the usual recipient. Only channels actually operating may be advertised.

3.2 The Quality Manager may receive a report and shall route restricted information to the designated independent case manager. A report involving the Quality Manager, Secretariat leadership, President or a Council member shall bypass the implicated person. An unconflicted Ethics and Integrity Committee recipient or approved independent external recipient shall be available.

3.3 The Ethics and Integrity Committee oversees the process within its constitutional mandate. Its elected composition and leadership follow IAF-GUI-COM-001: Corporate members may hold eligible ordinary seats, while the Chair and Bureau require authorized Corporate Recognised representatives and the applicable independence conditions. Recognition status does not waive a conflict.

3.4 The case manager shall be competent, have no material involvement in the allegation and have protected access to necessary records. The investigator and final decision authority shall be identified separately. An implicated official shall not select the investigator or appeal panel, filter evidence, approve a finding or suppress a report through resource control.

3.5 Where internal recipients are conflicted or unavailable, the documented independent external route shall be used. External specialists shall receive written terms covering competence, confidentiality, access, reporting and remuneration independent of outcome. Their assignment does not create a permanent committee office or transfer corporate powers.

3.6 A manager who receives a concern informally shall preserve it and refer it promptly through the protected process. General mailboxes shall not circulate sensitive allegations through ordinary distribution lists. The Channel Schedule shall identify monitoring frequency, deputies, access controls, outage arrangements and the date of the last end-to-end test.

4 Receipt triage and case planning

4.1 The recipient shall record the actual receipt time, source channel, concern, affected activity and any safe reply method. A unique restricted case reference shall be created. IAF-RG-007 shall contain only the minimum administrative reference; reporter identity and substantive evidence shall be kept in a separate access-controlled file.

Step	Time and required output
Urgent triage	Immediately on receipt; assess threats to persons, safety, retaliation, evidence and data. Escalate without waiting for acknowledgement.
Acknowledgement	Within 7 calendar days where a safe contact exists; confirm reference, process and confidentiality limits.
Initial response	Within 30 calendar days of receipt; explain classification, responsible route and planned action.
Outcome and progress	Normally within 60 calendar days of receipt. If extended, give reasons, revised date and updates at intervals no longer than 20 calendar days.

4.2 The case manager shall assess IAF responsibility, apparent credibility, urgency, conflicts, required preservation and any mandatory external notification. Misclassification or a request for more information shall not restart the receipt clock. A shorter applicable legal period shall prevail.

4.3 The plan shall identify allegations, applicable rules, evidence sources, responsible investigator, decision authority, interviews, protection measures, milestones and communication limits. The reporter shall be asked only for relevant information reasonably available to them. They shall not be instructed to access records unlawfully or endanger themselves.

4.4 Where an applicable whistleblower law requires substantive feedback within three months of acknowledgement, or within three months after the seven-day acknowledgement period if none was sent, that deadline shall be recorded separately. A holding message alone is insufficient; explain action taken or planned and the reasons, within lawful disclosure limits.

5 Investigation and evidence procedure

5.1 The investigator shall confirm written authority, competence, conflicts and a proportionate investigation plan before accessing restricted material. A preservation instruction shall identify relevant documents, messages, technical records, samples and logs. It shall suspend routine destruction only for necessary material and record its owner and review date.

5.2 Collect evidence lawfully and preserve provenance, original versions, timestamps and custody. Interview records shall identify participants, date, method and agreed corrections. Recording requires the applicable lawful basis and permissions; where appropriate, use accurate minutes that the interviewee can review rather than covert recording.

5.3 Test both supporting and contradictory evidence. Distinguish verified facts, disputed facts, inferences and unresolved gaps. The reporter's status, seniority or disagreement with management shall not determine credibility. Anonymous information may justify inquiries but shall be weighed with its limitations.

5.4 The investigator shall provide the person concerned an appropriate response opportunity and record their explanation. Where member discipline is contemplated, the constitutional minimum of 21 calendar days to respond shall be observed. A case timetable shall be extended transparently where needed to protect that right.

5.5 Suspected unsafe or unreliable technical outputs shall be referred to the competent independent scheme function for an affected-output review. The investigator shall not change a rating, certificate or accreditation record directly. A data incident shall be referred immediately under IAF-POL-012 without waiting for the investigation conclusion.

5.6 The investigation report shall state mandate, allegations, method, evidence, responses, findings, limitations and recommended actions. Unless an applicable rule requires another standard, internal fact findings shall use the balance of probabilities, with evidence proportionate to seriousness. The report shall not present an internal finding as a criminal conviction.

6 Decisions remedies and closure

6.1 An authorized unconflicted decision-maker shall review the investigation for sufficiency and fairness. Available outcomes include substantiated, partly substantiated, not substantiated, or unable to determine on available evidence. Closure for lack of jurisdiction shall identify the reason and an appropriate referral where known; it shall not be recorded as proof that the allegation was false.

6.2 Remedies may include correction of records, restoration of fair participation, training, strengthened controls, reassignment, contractual action, referral for member discipline or notification to a competent authority. Each remedy requires the authority applicable to that action. This policy does not create a new power to appoint or remove the Federation President or Council.

6.3 A reasoned notice shall be given to affected parties with the findings and action relevant to them, confidentiality limitations, dates and any available appeal route. The reporter shall receive appropriate feedback on handling and follow-up, while personal disciplinary details and restricted evidence may be withheld with a lawful explanation.

6.4 An affected party may challenge an appealable decision under IAF-POL-010 within 30 calendar days of notification. Dissatisfaction with handling may be submitted as a complaint. A reporter does not automatically become a party entitled to every record in another person's disciplinary or technical case.

6.5 Corrective actions shall be logged with owners, due dates and verification evidence under IAF-PR-017. Communicating the investigation outcome does not close an unfinished corrective action. Any effect on prior technical outputs, public claims or registers shall be resolved through the competent decision and issue controls.

6.6 The case manager shall close the investigation record only after the outcome and required communications are complete. Linked appeal, protection and corrective-action records may remain open with clear ownership. New material evidence may justify reopening through an independent, recorded decision.

7 Retaliation response and continuing support

7.1 Any suspected retaliation shall be treated as a separate concern linked to the original report. The receiving officer shall assess immediate protection needs on receipt. The person alleged to have retaliated shall have no control over that assessment or the reporter's access to the reporting process.

7.2 The assessment shall examine timing, the reason given for the adverse act, comparable treatment, decision records, communications and the protected activity. Legitimate unrelated action is not prohibited, but it shall have a documented basis and receive independent scrutiny where retaliation is credibly alleged.

7.3 Temporary measures may protect the reporter's assignment, reporting line, access or safety. They shall avoid unnecessary disadvantage to the reporter and affected third parties. Removal of committee rights, membership status or technical permissions requires the relevant constitutional or scheme process; a protective label shall not bypass it.

7.4 The case manager shall agree a safe follow-up method and normally review protection needs 30 and 90 days after the outcome, or sooner when risk warrants. Continued monitoring shall be proportionate, time-limited and recorded. A reporter may decline optional contact without losing protection.

7.5 A decision to impose an interim member restriction shall follow Constitution clause 7.4, including its 30-day limit and prompt independent review of necessity or extension. A separate technical safety restriction follows the applicable scheme. The record shall distinguish these authorities and shall not use one to evade the other.

7.6 Managers and members shall not identify a reporter through speculation, pressure witnesses to withdraw evidence or threaten fees, litigation or reputational harm to obstruct protected reporting. Evidence of intimidation shall be preserved and escalated independently. External legal remedies remain available.

8 Records assurance and review

8.1 The file shall include intake, classification, declarations, investigation plan, preservation record, evidence, responses, decision, communications, protection measures and linked actions. Access shall be individually authorized and logged. The public policy and an anonymized performance summary are separate from restricted case records.

8.2 Retention shall follow IAF-RG-012 and IAF-POL-012. The proposed seven-year case period is subject to a documented necessity and legal review before use; it does not require keeping every identity detail for seven years. Irrelevant personal data shall be removed promptly, and unnecessary identifying material shall be deleted or anonymized when protection, legal and evidential needs end.

8.3 Legal holds shall identify their basis, scope and review date. The case owner and authorized records function shall approve disposal after checking appeals, related proceedings and continuing reliance. A hold shall not justify unrestricted access or indefinite retention of unrelated data.

8.4 The Ethics and Integrity Committee shall review trends, response times, independence, protection failures and action effectiveness at least annually. Reports shall avoid details that permit reidentification in a small population. A low report count is not evidence that wrongdoing is absent.

8.5 Recipients, investigators and decision-makers shall receive role-specific instruction before assignment and periodic refreshers. The channel test shall verify receipt, restricted access, deputy coverage and safe feedback using non-sensitive test data. IAF shall not claim an anonymous portal or continuous monitoring without evidence that it exists.

8.6 The competent Presidential Council authority approves this policy and resources through document control. The Secretariat records actual approval, effective date, appointments and channels. Annual review and material legal or governance change shall trigger a controlled update; changes shall not retrospectively remove rights in an existing case.

Annex A Report and triage record

Use this record with IAF-FR-017 where a report also concerns a complaint. Supply what is known; a reporter is not required to complete every field for a concern to be considered.

Field	Information to record
Report reference	Assigned case number, actual receipt time, channel and safe reply method. Reporter name is optional where anonymity is permitted.
Concern	What happened or may happen; dates; affected IAF activity; people or organizations involved; how the reporter knows.
Evidence	Documents, record identifiers, witnesses and location of lawful evidence. Distinguish direct knowledge from information received.
Urgency and protection	Immediate safety, data, evidence or retaliation risks; requested safe contact arrangements; accessibility needs.
Restricted identity record	Reporter identity and indirect identifiers, access permissions and permitted disclosures; store separately from the general register.
Classification and conflicts	Whistleblowing, complaint, appeal, data incident or multiple routes; IAF responsibility; recipient and investigator conflict checks.
Plan and clock	Case manager, investigator, independent decision authority; acknowledgement, initial response, outcome and statutory feedback dates.
Outcome and follow-up	Findings, reasons, parties informed, remedy authority, appeal information, action references and protection reviews.

Recipient completion

Record any omitted acknowledgement and its reason, including absence of a safe contact. Document the initial protective decision and the evidence supporting it. Do not enter reporter identity or allegation details in a publicly accessible case tracker.

Annex B Channel and appointment schedule

The Secretariat shall complete and publish the service details below after an end-to-end test. Restricted staff names and access permissions remain in the internal appointment record. This schedule is maintained with IAF-FR-026 and IAF-RG-003.

Required entry	Controlled implementation field
Operating legal entity	Exact registered name, registration reference and responsible office.
Confidential written route	Verified address or secure submission URL; responsible independent recipient; monitoring frequency.
Oral and meeting route	Verified telephone or appointment route; accessibility and language support; recording or minute procedure.
Anonymous follow-up	Actual available mechanism and its limitations; explain when feedback cannot be delivered.
Independent alternative	Verified recipient and contact for concerns involving ordinary recipients or senior management.
Outage and absence	Deputy, alternative route, access recovery and escalation without disclosure to an implicated person.
Appointments	Case manager pool, investigator pool, decision authority, competence records and conflict screening.
Test and release	Test date, receipt and access evidence, approver, effective date, published location and next review.

Information for reporting persons

“You may report a reasonable concern even if you do not have complete proof. Tell us what happened, which activity is affected and how we can contact you safely. Anonymous information will be considered on its substance. We restrict access, prohibit retaliation and explain lawful confidentiality limits. You may use protected external reporting routes without first reporting internally.”

The operating office shall insert the verified channels next to this wording before it is published as a reporting notice.

Annex C Document alignment and legal context

Controlled document	How this policy is applied
IAF-CON-001	Articles 7, 22 to 24 and 26 govern protection, independent handling, response rights, remedies and records.
IAF-QM-001 and IAF-POL-003	This policy details the existing integrity and good-faith reporting commitments; governing Board references mean the competent constitutional governing authority.
IAF-POL-010 and IAF-PR-013 / 014	Preserve receipt dates; apply constitutional calendar-day clocks and independent appeals. An earlier quality-system service target remains an operational aim.
IAF-POL-012 / 013	Apply privacy, restricted access, retention, declarations and recusals to every case.
IAF-FR-017 / 020 / 026 and IAF-RG-007	Use existing case, corrective-action and appointment records with the additional fields in this policy.
IAF-GUI-COM-001	Apply oversight competence, elected office eligibility and the independent external case route.

Release and maintenance record

New controlled entry: IAF-POL-009, Revision 01. Record the owner, competent approval, effective date, approved channels and linked documents in IAF-RG-001. The policy supplements the existing general policies and does not rename or replace them. Any conflicting operational instruction shall be corrected before use under IAF-PR-001.

Informative legal source

The European whistleblower framework informed secure reporting, confidentiality and feedback controls. Its legal application depends on jurisdiction, national implementation and the reporting circumstances; the wider IAF protection commitments in this policy are internal rules.

[Directive 2019/1937 on protection of reporting persons](#)